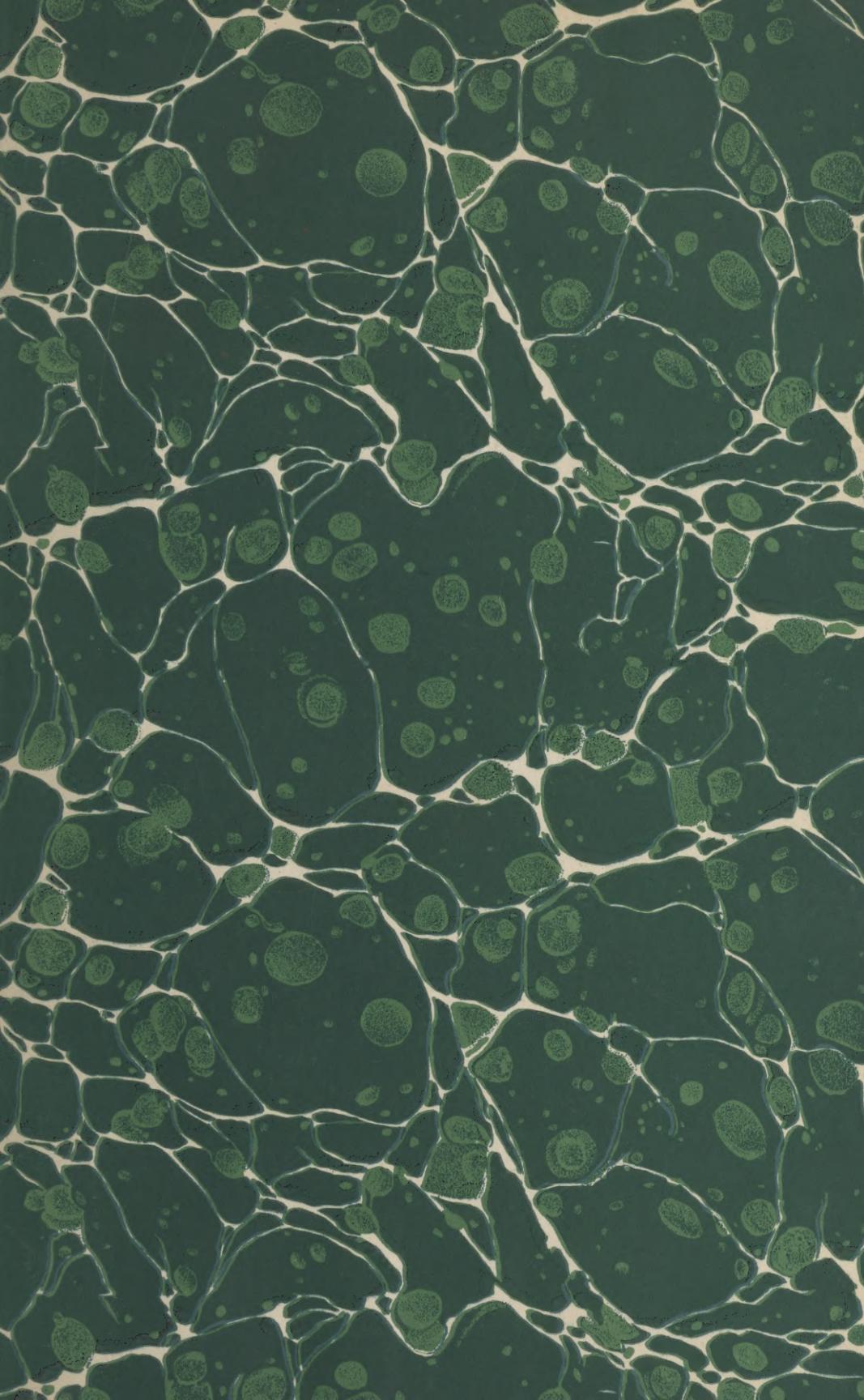


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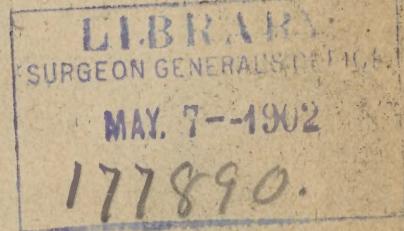
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VOL. V.]

JANUARY, 1901.

[No. 1.

ORIGINAL CONTRIBUTIONS.

VACCINIA,—A GENERAL DISCUSSION.

BY C. L. MENGIS, B. S., M. D., VICKSBURG, MISS.

The long line of years that precedes this, the closing of the Nineteenth Century, stands as a silent witness of the progress and triumphs of medical minds and skill, and in viewing the results of past decades, one stands in awe at the magnitude and splendor of the brilliant achievements, that marked the rapid strides of Time, and though many illustrious names, are brilliantly emblazoned upon the Honor Roll of the past, none shines more conspicuously; not one is engraven more indelibly, than the name of Sir Edward Jenner.

Inoculation had been practiced from time immemorial in China and Persia. The Chinese plan of giving smallpox to healthy people was to insert in the nostrils dried crusts, containing variola eruption. From China and Persia, inoculation was introduced into Georgia, Circassia, Turkey and Greece. In 1717, Lady Mary Wortley Montagu, wife of the British Ambassador at the Ottoman Court, writing home to England, described the inoculation then in vogue, and so satisfied was she, with the safety of the experiment, that she successfully tried it upon her son. It was due largely to this influence, that led to its adoption in England in later years.

It was not noticed, however, until 1774, that milk-maids, and cow-herds, who had numerous sores on their hands, contracted from pustular sores on udders of cows, enjoyed a certain immunity from smallpox, and the belief among these people, that cow-pox prevented an attack of smallpox, became so strong, that one Jesty, a farmer living in Gloucestershire, inoculated himself, and caused his entire family to be inoculated, and so determined was he in his belief, that he went to a London Hospital, and defied the surgeon to give

him small pox. In connection with this, it is said, that the Duchess of Cleveland, and who was in the King's service, with her position depending solely upon her good looks, replying to some joking as to the possibility of her having the smallpox, said that she could not have the smallpox, for she had had cow-pox.

Chance, some say, played an important part in the discovery of vaccination by Jenner, but several medical men had the same opportunity thrust upon them, but failed to seize it. Jenner first became interested in the subject while still a medical student, and noted his observations, after returning to his native place to practice. In his memoirs of Jenner, Lorain says, "We know the date of the first vaccination, as we do that of a great battle; it was May 14, 1796. On that day Jenner took vaccine from the hand of a dairy-maid, Sarah Newles by name, who had cow-pox, and inserted it through two superficial incisions in the arm of James Phipps, a large boy of eight years. This succeeded perfectly, and vaccine from this child served to vaccinate other children. James Phipps, inoculated two months later, with variola, was refractory. The proof was made."

Jenner believed that cow-pox originated in the horse, was transmitted to the cow, and then to man, being "grease" in the horse, cow-pox in the cow, and smallpox in man, but subsequent experiments, conducted by Depaue and Boulley, showed that horse-pox, or cow-pox, when transmitted to man, caused vaccinia, and not smallpox. According to Depaue, however, horse-pox, cow-pox, vaccinia, and variola, are identical affections, all having smallpox as their common source. He believed that it was one and the same disease, which changed its form, according to the animal it affected, and experiments by Chanvea proved Depaue's belief, and also showed that variola protects the cow from cow-pox, just as vaccinia prevents the human race from smallpox, but both are perfectly distinct and independent one of the other in both the human and bovine species.

Animal virus is the one that should be employed, and this virus is obtained from regular vaccine farms, where calves and young heifers preferably, are inoculated. The calves should be between four and six months of age, as tuberculosis rarely occurs at this period. Before inoculation,

the animals are well cleansed and disinfected, and inoculations are made in the mammary region, and on the thorax and abdomen, giving about one hundred and twenty vesicles, from which the lymph is obtained. Glycerine is added to prevent putrefaction of the organic matter; the ivory points are dipped, and are then ready for use.

As far as methods of vaccination are concerned, that is a matter that is left entirely with the operator, but the following rules should be practiced in all cases. Asepsis is to be desired, the arm, or surface to be inoculated, should be thoroughly cleansed with alcohol, and the lancet or needle, passed through the flame of a lamp several times. The objects of the procedure, are, to cause the virus to penetrate beneath the epidermis, to avoid bleeding, and to see that the wound is aseptically free from contamination. The common site for the inoculation is at the point of insertion of the deltoid on the arm, but society mothers sometimes prefer having their daughters vaccinated on the leg. In this case, it should be done where there is least muscular motion, preferably the outer thigh or leg.

Of the different methods practiced, scarification, with the point itself, is preferred. Some use the lancet, others a needle, or vaccinostyle, an instrument for that purpose. The method is of not much importance, but the practice of rigid asepsis and cleanliness, and the using of fresh vaccine virus, are the two requisites for a successful inoculation, without any complications.

When the vaccination is made with a good virus, and the patient has never before been vaccinated, nor had smallpox, it is nearly always successful, insusceptibility being about one per cent. This immunity acquired does not last for life, as Jenner believed, but varies with different people, and re-vaccination should be practiced every time one is exposed.

The statistics of the Prussian Army show, that in 1835, the mortality from smallpox was 270 per 100,000; in 1872, it was 262. In 1874 vaccination and re-vaccination became obligatory, and the mortality fell at once to 3.6.

During the recent outbreak of smallpox, among the students at the Medical Department Tulane University, I had the opportunity of witnessing the signal triumph of the

value of vaccination. There were about fifteen cases, with three deaths; of these three cases none were successfully vaccinated in the last ten years. About forty of the fifty wards in the Charity Hospital became infected, but owing to the prompt action of College and Hospital authorities in enforcing isolation and vaccination, the disease was completely stamped out in a month's time. As a member of a clinic of six students, four of whom were attacked, and three finally succumbing, I determined to push the inoculation to its fullest extent. I had a good cicatrix from an inoculation in '95, but I proceeded to vaccinate myself every five days, and only the fifth and sixth attempts were successful, proving conclusively to me, that one should not pride himself upon his immunity from variola, after one or two unsuccessful trials of inoculation. Experiments have shown that immunity from variola by inoculation, begins on, or about, the tenth day, succeeding the inoculation, and lasts in different individuals for different periods, but there can be no doubt as to the lessening of the severity and fatality of smallpox, due to even one vaccination, as the figures below, compiled by Morrow, from statistics, will show:

	No. deaths—per cent.
1. Unvaccinated	35.
2. Stated to have been, but no cicatrix	23.57
3. Vaccinated, one cicatrix.....	7.73
4. Vaccinated, two cicatrices	4.7
5. Vaccinated, three cicatrices.....	1.95
6. Vaccinated, four cicatrices	0.55
7. Well marked cicatrices	2.52
8. Badly marked cicatrices	8.82
9. Having previously had var	19.0

As may be seen from these figures, a person with one cicatrix runs less risk of having variola, than one who has already had the disease, showing that the inoculation is a better preventive of the disease, than the disease itself.

The normal eruption in vaccinia may be conveniently divided into five periods, viz :

(1). Period of incubation, lasting three days, the seat of inoculation becomes reddened and swollen.

(2). Period of eruption, occurs on fourth and fifth days, a reddish elevation is seen, the epidermis becomes raised, forms a white circle in center, with the center umbilicated.

(3). Period of secretion. Sixth to ninth days inclusive. The papule enlarges, and a vesicle forms, flattened and umbilicated. On eighth and ninth days, the sore matures. If the vesicle wall is punctured, a transparent lymph oozes, which must be used for inoculation.

(4). Period of desiccation, tenth to fifteenth days inflammation subsides, epidermis becomes wrinkled, and scab forms, beginning in center.

(5). Period of cicatrization: eighteenth to twenty-second day. The scab dries and falls off, leaving a deep sore, first red, then a pearly white color.

Coincidently with vaccinia, two diseases may occur; vaccinal eczema, especially in scrofulous children; vaccinal miliaria, appearing in successive crops. The secondary infections liable to follow vaccinia are: phlegmons, due to pus germs; erysipelas, due to contamination of instrument, or absence of asepsis, appearing about second day of eruption, and lasting till desiccation. Septicemia has been occasionally observed; vaccinal syphilis has followed inoculation with human virus.

In this enlightened age, possessing as we do, a complete mastery over the disease, it seems sheer folly, that year after year, we are visited by smallpox. There is only one rational method of stamping out this pestilence, compulsory vaccination of both white and black, and until that is enforced, as long as there is a field for invasion, we must content ourselves with the inevitable annual visitation of variola, and endanger the lives and business of a community, because of the prejudices, narrow-mindedness, or ignorance of the single individual.

*A UNIQUE GYNECOLOGICAL CASE.—ITS TREATMENT AND RECOVERY.

BY J. L. JELKS, M. D., MEMPHIS, TENN.

Mr. President and Gentlemen :

The report of a case of puerperal sepsis would consume valuable time which might be more profitably spent, unless, as in the case which I beg to report briefly, points of individual interest have been noted.

About one year ago F. K. removed from one of my little places in Arkansas to Memphis, for the purpose of having me treat his wife for a lacerated cervix and chronic en-

*Read before the Tri-State (Tenn., Ala., Ga.) Medical Association at Chattanooga.

dometritis. Her previous history is about as follows : Three years before coming under my care she bore her first and only child at term. Her age was then about 18. Following this labor she suffered so-called child-bed fever, and came near dying. Living in a rural district she had no attention paid her laceration. Indeed for two months following this confinement she was confined to her bed. To my surprise the woman conceived soon after she moved to the city, and I was not called to see her until July 24th, when I found her on a dirty pallet and in active labor. When I had thoroughly cleansed my hands I examined her, and while doing so another pain expelled the head from the uterus. I had suggested, upon entering her room, that the bed, which seemed somewhat cleaner, would be preferable as a place to complete her labor, but she expressed a strong desire of waiting until the child was born, then being placed on her clean (?) bed. Suiting the word to action indeed, by the next two pains she gave birth to a well-developed child with the cord wrapped around the neck. The child did not breathe for some minutes, and artificial respiration was practiced until it breathed fairly well and was turned over to an attendant. I then delivered an adherent placenta, taking special care in doing so to remove all of it. Later the case proved an uneventful one.

The father had been treated by me for a chronic blenorrhœa and stricture, therefore I gave instructions to let me know the fact without delay should the babe's eyes become inflamed. On or about the fourth day I found what I was looking for and turned the infant over to an oculist to be treated for an ophthalmia-neonatorium.

The mother was dismissed on the fourth day without much fear of further trouble, since her race can endure and escape so many ills which would carry off her fairer kind. I had used, too, especial care in cleanliness and antisepsis after delivery, I did not irrigate the uterus or vagina at all. The lochia stopped on the night of the fifth day and she was up on the seventh. On August the 5th, eleven days after delivery, I was called to see her and found her in the following condition. Temperature 101, pulse 112, respiration 30, her bowels had moved the day before. Her tongue was coated with a heavy brown fur, an anxious expression, (faces abdominis). She had not suffered a rigor or sweats. No special tenderness was noted over abdomen. But for the past history of the case and that of her husband, probably a little calomel and quinine would have in the mind of myself or any other physician sufficed for the time at least. I prepared my instruments and called my associate to assist me and he, like myself, thought the case appeared insignificant for operative interference, indeed when we arrived her temperature

had subsided to 100, pulse 100, respiration 30—rather hysterical. The facial expression, he remarked, is the only symptom which justifies your interference here. And such perhaps was true, but this proved to be indeed sufficient. Without anæsthesia I dilated the uterus and a pint of pus escaped from its cavity. It was a retroflexed uterus, the internal os of which was tightly contracted and its fundus in the hollow of the sacrum and distended with pus. The pus was not examined microscopically. At the first sitting the uterus was thoroughly dilated and very gently curretted with a dull irrigating curette. Irrigation with bi-chloride solution, 1 to 4000, until the uterus was thoroughly clean, then I used iodoform gauze drain. The following day considerable pus was found and again the cavity of the uterus was irrigated, this time with formalin—one drachm to the gallon of hot water—then packed with gauze as before. The following day very little pus was noticeable, and after another irrigation with formalin of the same strength no further suppuration was ever noticed. However irrigation and packing was continued for six days then a vaginal douche every day for a few days completed the treatment. The woman made an uninterrupted and uneventful recovery and since has experienced no trouble.

The remarkable features in the case which appeared to me at the time, were the great quantity of pus, none of which was escaping or could escape from the contracted os, and the little constitutional disturbance which was manifest. That no rigors, sweats or high fevers were ever present, no tenderness over or distention of abdomen, pressure being made over any part of the abdomen without exciting more pain than would be expected this soon after delivery. I conclude with the following admonition: With clean hands and clean instruments no special harm is to be incurred by a gentle dilation of the uterus at any time after delivery—therefore when not sure of their causes, having a little fever, rapid breathing and an expression of the face somewhat pinched, be as wise as a serpent, you will be as harmless as a dove.

This case was one of pyometra, resulting perhaps from an infection long since sustained. Therefore having knowledge of the past in this woman's history, I deserved no credit for acting promptly in the premises. To the contrary, an hour's delay would have been an hour's neglect of a known duty, perhaps the hour upon which hinged the life of the patient.

I consider that formalin for intra-uterine irrigation is most satisfactory, especially where infection with any of the pus cocci is present.

ABSTRACTS AND EXTRACTS.

Treatment of Acute Pharyngitis.

By pharyngitis is here taken to mean any non-diphtheritic inflammation of the pharynx proper, or of the uvula or tonsils. For therapeutic consideration these structures are one, the mucous membrane being histologically almost the same over the tract mentioned.

The treatment is local and general; locally the object is reduction of the swelling and congestion, relief of the pain, and prevention of complications (otitis media, abscess of the tonsil, suppurating cervical glands, pyemia, etc.) General treatment should aim to sustain the strength of the patient and eliminate the toxins.

In the local treatment the remedies that do harm are numerous. It is safe to say that in the early stages of acute pharyngitis any astringent, however mild, is contraindicated. The physician should not content himself with the statements of many text-books as to the tincture of chloride of iron. Some of the most formidable cases of acute pharyngitis the writer ever saw were due to the thoughtless prescription of ferric chloride. One young man, recently under observation, had great exterior swelling of the neck, enormous edema, and congestion of the entire oropharynx, intense pain, high fever, complete anorexia, a generally alarming condition. A physician, he said, had given him a "bottle" some days before, which he had continued to use according to directions till he found he was growing worse. The "bottle" was found to contain almost pure tincture of iron. This drug is a "favorite prescription" of the pharmacist over the counter, and he usually administers it with little dilution. The writer saw an unfortunate Negro girl on the East Side, not long ago, who had gotten a large abscess of the tonsil from continuing to take a strong preparation of ferric chloride. Some one of her own color, claiming to be a doctor, had given her what looked to be the pure tincture, a teaspoonful every three hours. If the physician still clings to his old iron habit, let him try tincture of the chloride on his own throat when it is acutely sore, and see how it feels. In the long run, particularly with patients one has not seen before, a safe rule is, use no astringent during the first five days. Should the tissues then seem boggy and the circulation sluggish, apply 20 per cent. silver nitrate on a swab,

wash it off with salt solution, and see what the effect is later on. In no early case, at all events, should an astringent ever be put into the hands of the patient with directions to use "every so many hours."

The early local treatment should be simply detergent and antiseptic. In babies, with whom pharyngitis is not so rare as some text-books state, a weak solution of sodium bicarbonate or of salt may be given to drink rather freely, with a purge and proper attention to diet. In children old enough to gargle properly, salt, soda, and boric acid gargles do pretty well; but with these as with older patients, the best way of cleansing the pharynx is the douche. Let the patient hang his head over the edge of the bed or of a table and receive the warm solution into his wide-open mouth in a gentle stream from a fountain syringe. This should be done from two to eight times a day, or oftener, according to the conditions. The most threatening cases will often resolve under this treatment with astonishing speed. The outflow from the mouth may be caught in a pus-basin or any convenient vessel; it should be afterwards disinfected with chloride of lime.

The general treatment should be sustaining. "Specifics" are worthless. In streptococcus and staphylococcus throats the general condition is one of simple sepsis, nothing more or less. The infection is often severe, the temperature often running to 105° and 106° F. It is accompanied by irregular chills and sweats, and often disappearing for twenty to twenty-four hours, may reappear and run rather high for a day or so longer. This need not occasion special alarm if the other organs are known to be in good condition. Acute pharyngitis is often capable of enlarging the spleen and causing albuminuria—the former especially in children. The possible renal irritation should be borne in mind, and no food allowed that may overburden the kidneys. A milk diet with suitable stimulation is usually indicated. For the fever, cold baths, or the cold pack, or cold effusions may be employed, not so much for their effect in reducing temperature as for their stimulating influence on the nervous system. As to prophylaxis, all cases of acute pharyngitis should be considered potentially contagious and isolated accordingly. This rule becomes the more imperative when we remember that acute angina is the symptomatic forerunner of many of the acute infectious diseases.

It would transcend too far the limits of an editorial to touch upon the treatment of the complications we have mentioned. They may, in a great number of cases, be entirely escaped by an intelligent prophylaxis.—*Pediatrics*.

More About Intra-Rachidian Anæsthesia.

In our issue of last month we uttered, in regard to this mode of obtaining painless operations, a note of warning which subsequent observations appear to have proved well founded. Dr. J. Leonard Corning, who, as the discoverer of this method, might have been excused for being even a little more enthusiastic in regard to it than others, was one of the very first to deprecate the rather active way in which it was beginning to be employed. The immunity from deaths which first attended the use of this method, in what was after all, but a comparatively limited number of cases, surprised the distinguished neurologist, and he expressed his belief that we were on the eve of "a procession of gory tales; and a great and useful principle cast into shadow by the misadventurous empirics." The men who have tried the method, however, were far from belonging to this class of practitioners, and hence, we believe, may be derived the explanation of this lack of disastrous consequences observed at first. But now it is already whispered that deaths have occurred abroad, that fatal sepsis of the spinal canal has been engendered, and that one or two sad occurrences have followed experiments in this city. The physiological value of Dr. Corning's discovery is undoubtedly great, but its worth as a routine mode of surgical procedure has by no means been proved. We must remember that there is but one standpoint of comparison between it and the general anæsthetics, to-wit, the mortality, and there certainly exists as yet no data to prove that rachidian anæsthesia will ever show, in this respect, any improvement over the older methods. So shrewd minded a surgeon as Dr. Keen (*Phila. Med. Jour.*) says that "the chief danger of the method, in my opinion, is the danger of an imperfect asepsis; hence, I believe that it is a method not to be used by everybody, but only by competent, skilled, and careful surgeons. Nor do I believe it will ever replace chloroform or ether as a routine anæsthetic." Dr. George G. Hopkins, of Brooklyn, has collected reports of 225 cases, in two of which there was depression and life threatened. In one of these the poisonous effects of the drug were perceptible and active for six hours, while in the other all the symptoms of acute cocaine poisoning were developed. Goldan, of New York, whose competence as an anæsthetist is very great, ends an article in the *Medical News* with the statement that "intraspinal cocaineization has been used with a mortality comparable with nitrous oxide and ether, then and not until then will we be in a position to definitely assert that it can be safer than that most generally useful and safe combination of anæsthetics."

If we consider the actual indications for the preference

of intra-rachidian anaesthesia over the methods hitherto in use, we will feel compelled to acknowledge the fact that they become narrowed down within very small limits indeed. Once in a while we encounter a patient with an invincible fear of ether or chloroform, and here we may feel compelled to have recourse to the newer methods. But even here we commonly deal with very nervous patients, in whom cocaine by no means always has a good effect. If Tuffier, with a comparatively small number of cases, and notwithstanding his distinguished position as a brilliant though careful surgeon, has already observed a death from asphyxia which had to be attributed to the cocaine used, it is very certain that the general practitioner of surgery must consider that he is running grave risks in adopting a method concerning which there is as yet so much most justifiable doubt.—*International Journal of Surgery.*

VENESECTION IN PNEUMONIA FOLLOWED BY INJECTION OF NORMAL SALT-SOLUTION, is the title of a paper, (*Philadelphia Medical Journal*) by Dr. William Porter of St. Louis.

The physician of 20 or 30 years ago, bled in cases of threatened cardiac failure in pneumonia, and the good results led him to bleed again. Within the last two years the modern physician has injected the normal salt-solution in cases of lobar pneumonia with advantage. The author thinks it a fair proposition that these two measures can be combined. By venesection relieve the tendency to right-sided heart-failure and remove a certain amount of toxin-laden blood. By means of the salt-solution increase the pulmonary circulation, dilute the toxins that remain and increase the oxygen-carrying capacity of the blood.

In using the term pneumonia the author refers to lobar or so-called croupous inflammation, distinct in causes, progression and manner of resolution from the broncho pneumonia or lobular form. The former is an acute, general disease with local manifestations in the lungs and the latter a local disease with general manifestations. In the lobar form the attack is accented upon the heart and nervous system.

The author is of the opinion that instead of the three stages as given by the books there are four and that the first stage is that of vasomotor paresis dependent upon the toxin poisoning, of which the main symptom is the feeling of general malaise and the climax, the chill that inaugurates the so-called first stage of the books.

The blood may contain pneumococci as well as toxins, the specific gravity is increased and also the number of white-blood corpuscles. With leukocytosis there is an in-

creased amount of hemoglobin and fibrin. In this condition of the blood, with depressed cardiac force, the tendency is to the formation of heart-clot.

While the author does not discuss the destructive changes in the blood element he mentions two additional phenomena that have a decided bearing on the subject; (1) the great diminution of the chlorides, (2) the lessened capacity of blood aeration.

The blood-changes affect the nervous system. The lowering of arterial tension in the early stages is due to the inhibitory action of the toxin upon the nerve-fibers of the capillary walls and blood vessels and not to direct heart-failure which may occur later, from a blood-clot or loss of nerve-supply to the cardiac muscle. With the blood so changed and the mechanism of the circulatory organs so impaired the capacity for aeration is greatly diminished. May not this explain the rapid respiration, quick pulse, high fever and general depression in many cases even where there is a comparatively small amount of pulmonary lesions.

Upon this theory it is not so much the relief of the heart that is needed, or the lessening of the pressure in the inflamed lung as it is a withdrawal of as much of the toxin poison as is possible, a lessening of the amount of the fibrin and a restoration of the air-carrying and nutritive capacity of the blood.

Clinical experiments are now going on at the City Hospital, under the management of Dr. Amis, but they are not far enough advanced to justify the author in quoting them. In these experiments, venesection is ordered as soon as the diagnosis is well established, *i. e.*, within four days at farthest from the initial chill, and generally earlier. The amount of blood removed is not large, from 8 to 12 ounces. At once a subcutaneous injection of the salt-solution is given. This method is preferred over the intravenous because it is slower and the effects more gradual.

The following method is given for preparing the normal salt-solution which is a modification of Jennings condensed solution. In this the potassium chlorate is lessened and the sodium chlorid increased. There is also a smaller amount of the phosphate. The reason for the change is the seeming greater demand for the sodium chlorid:

R	Sodium chloride	-	-	-	-	30 grains
	Potassium chlorate	-	-	-	-	60 grains
	Sodium sulfate	-	-	-	-	60 grains
	Sodium phosphate	-	-	-	-	40 grains
	Sodium carbonate	-	-	-	-	60 grains

Distilled water to make six fluid ounces. One part of this solution in sixty of distilled water.

It is hoped by the author that further investigations may justify this method as an addition to the treatment of pneumonia and not a substitute. The pathological conditions outlined demand the greatest care in the ordinary methods of promoting elimination by the skin, bowels and kidneys, and above all of heart support.

GONORRHEA AND MARRIAGE. In an article in *The Medical Council*, under the above caption by Dr. C. C. Mapes, of Louisville, Ky., Dr. Valentine, of New York, is quoted as saying: "A man contracts gonorrhea. After a time all discharge and other evidences of the disease disappear. His physician dismisses him as cured. Five, ten or more years later he has almost, if not entirely, dropped from his mind this, with other disagreeable recollections. He marries a healthy, strong girl. The young wife soon begins to fade. Vague pains set in. If her friends love her, she will be twitted with congratulations and advice regarding the presumed coming maternity. Her form, too, suggests such possibility. But by the time when, or before, the child that is to make her still more loved by her husband is expected, it is found necessary to seek professional advice.

A cyst of the ovary, a fallopian tube filled with pus, or some other dangerous disease is discovered. An operation, perilous to life, must now be performed to save her. If she survives she will no longer be a woman, for she cannot become a mother. The light of modern microscopy, brought to bear upon the tumor, cyst, tube or other substance removed, shows gonococci. Remember, that this wreck, which but a few short months ago, was a vigorous, healthy woman, was 'as chaste as ice, as pure as snow.' Remember, too, that her husband presented no visible evidence of the disease that killed his cherished wife. Killed—the word is advisedly employed—for, though she lives, she is worse than dead; she is not only unsexed, but also physically destroyed.

Should, therefore, all men who have had gonorrhea be condemned to celibacy? How many, then, could marry? It would not be over-hazardous to say that not one man in a thousand who swears to cherish and guard the woman of his choice, can do so without imperiling her life.

The remedy lies in education. The most ignorant can be taught that clap is a dangerous disease. It is perfectly true that under the influence of ordinary injections, secret medicines, much advertised preparations, cases of apparent clap have recovered in as short time as three days. The microscope would have revealed that these discharges were not clap at all. If left utterly without treatment they would have stopped in half the time or less. Aside from the many complications and consequences which it may bring to the

persons affected, it can make the patient hopelessly blind in twenty-four hours. These facts alone, of a multitude of others equally alarming, which affect the patient's self-love, being duly impressed upon his mind, we may go a step further.

A disappearance of all external evidence of the disease by no means makes the ex-patient unable to cause his wife's death. Lurking in the crypts, follicles and glands of his urethra may be gonococci. In the sexual relations these murderous bacteria are wholly or partially emptied out. Enough of them may be projected to pass with the semen to the regions where a future human being should be given life, and the prospective mother then has in her the fungus of destruction. The same author concludes:

- (1) Gonorrhea, *per se*, is a dangerous disease, but curable at any stage.
- (2) Even when all external evidences of its existence have disappeared, the patient may still be able to infect.
- (3) A woman infected with gonorrhea is in danger of her life.
- (4) No man should marry who can infect his wife.
- (5) In a week or ten days time it can be determined whether a man can infect or not."

SOME STATEMENTS CONCERNING CALOMEL. The new Italian journal, the *Practico del Medico*, says in its September number that the fact that certain erroneous notions about calomel, especially its incompatibility with other drugs and the danger of its transformation into corrosive sublimate, are widely entertained, has led it to make the following statements: 1. Calomel cannot be changed into corrosive sublimate in the short time for which it remains in the alimentary canal; it is a very stable salt, and only small quantities are transformed into soluble albuminates. 2. Purgative doses are quickly eliminated with the feces while small, fractional doses remain in the intestine for a long time and, being changed into soluble salts, may be absorbed; this is the reason why calomel in small and repeated doses is more dangerous than in a single large dose. 3. Substances which contain sodium chloride are not incompatible with calomel; those containing hydrocyanic acid (such as cherry-laurel water and emulsion of bitter almonds) are incompatible with it, because they lead to the formation of mercury cyanide, which is very soluble and rapidly absorbed. 4. It is dangerous to administer calomel which has been for a long time unmixed with powdered sugar. 5. Calomel should be kept in opaque and well-stopped bottles, for under the influence of light and air it partially decomposes. 6. Calomel should be in the form of an amorphous powder, fine to the touch and of uniform whiteness.—*The New York Medical Journal.*

HOW FROZEN MEAT DETERIORATES. Meats frozen in cold storage for long periods do not undergo organic changes in the ordinary sense—that is they do not putrefy, soften or smell bad, but they certainly do deteriorate in some intangible way. After a certain time frozen meat loses some life principle essential to its nourishing quality. Such meat lacks flavor, it is not well digested or assimilated. Its savorless condition cannot be remedied or successfully disguised by the use of sauces and condiments. Those who eat cold storage meat for any length of time develop diarrheal disorders, loss in weight, and would eventually starve to death unless a change of diet were made. The same reasoning applies to tinned fruits and vegetables. They should not be used after a certain period has elapsed. Especially should people be warned against using stale eggs and old milk and cream. Milk and cream are kept for days, rancid butter is washed and treated chemically, but all food, and especially cold storage food, is damaged by long keeping, and will not nourish the body properly. There is the greatest abundance of food, but it does not satisfy.—*Sanitary Record.*

INFLUENZA AND THE NERVOUS SYSTEM, is the title of a paper by J. M. Masher, M. D., (*Medical News*), in which he concludes as follows:

1. The infection of influenza produces a toxin, which has a severe and selective action upon the nervous system.
2. The immediate effects of this toxin are shown in the affections of the peripheral nerves and the cerebrospinal centres.
3. The remote effects are manifested in lowered tone of the nervous system, predisposing to other diseases.
4. These ensuing diseases arise in weakened or predisposed organs, giving rise to the different classes of "respiratory," "alimentary," "genito-urinary," and "circulatory" forms of influenza.
5. Postinfluenzal insanities are also a complication of the postinfluenzal states of nervous debility, in patients mentally predisposed.
6. The postinfluenzal insanities are not essentially different from other insanities due to vital depression.
7. The prognosis of influenzal affections is generally good, under proper management.
8. Exception to this is in influenzal affections arising during the course of other severe diseases, as pneumonia and general paralysis, and during senility complicated by mental or physical deterioration.

ON THE CAUSATION OF THE CONGENITAL STRIDOR OF INFANTS. By Dr. J. Thompson and Dr. A. L. Turner. The author's most important conclusions are stated as follows:

1. The primary element in the causation of this condition is a disturbance of the coordination of the respiratory movements, probably due to some developmental backwardness of the cortical structures which control them.
2. The change of form found in the larynx is merely an exaggeration of the normal infantile type due to the spasmodic nature of the breathing: *i. e.*, an acquired deformity strictly analogous to pigeon breast.
3. There is no proof that any congenital malformation of the upper laryngeal aperture exists in these cases.
4. The supposition of a congenital deformity is not essential to account for the symptoms.
5. The sounds are probably produced partly in the larynx proper, and partly at the abnormally approximated aryepiglottic folds.
6. The neurosis causing the symptoms does not seem to depend on the presence of adenoid growths or other causes of reflex irritation.—*New York Medical Journal.*

TREATMENT OF TYPHOID. The treatment of typhoid fever at New York Hospital is detailed by F. C. Keays, (*Med. Rec.*, Dec. 1, 1900). The routine treatment consists regularly of the tub-bath given every three hours when the temperature is 103° F. or over. The bath is usually started about 80° F. and run down to 70° F. or 65° F. for a period of ten to fifteen minutes. When tub-baths are not taken well, alcohol sponge-baths are used, the alcohol being cooled by ice. When there is a contraindication to baths, acetanilid, grs. iij, may be used every three hours. For sleeplessness combinations of trional, grs. xv, with codeine, gr. j, work well. The baths generally prevent delirium. Whisky is efficacious, especially in alcoholic patients. Hypnotics are frequently given by rectum in very delirious patients. Nausea and vomiting are relieved by milk modified with cerium exalate, grs. v, and sodium bicarbonate, grs. x, to milk, 3 viij. Distention is treated by turpentine stupes, rectal tube and turpentine by mouth, m v-x, or enemata. Whisky and digitalis are used as heart stimulants as indicated. If hemorrhage appears, the patient is kept quiet, cold is applied to abdomen, saline enemata given to replace the blood lost or saline infusions are used. Milk forms the diet during the course of the disease, but kumyss, broths and beet-juice are frequently given. As soon as the temperature reaches normal the diet is rapidly increased. As little medication as possible is given during the course and convalescence.—*Medical News.*

EDITORIAL.

EDITORS AND PROPRIETORS :

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OSTEOPATHS.

In view of the fact that so many men and women who call themselves osteopaths now infest the State of Mississippi, we have concluded to publish the following, taken from the *Journal of the American Medical Association*:

"The judgment of the District Court of Lancaster County, appealed from the case of Little vs. State, wherein a practitioner of osteopathy was convicted of practicing medicine without a license, was affirmed, November 21, by the Supreme Court of Nebraska. The practice of osteopathy was described as consisting principally in rubbing, pulling and kneading with the hands and fingers certain portions of the bodies and flexing and manipulating the limbs of those afflicted with disease; the object of such treatment being to remove the cause or causes of trouble. This, it was argued, did not make the practitioner a practitioner of medicine within the meaning of the statute defining the latter as any person "who shall operate or profess to heal or prescribe for or otherwise treat any physical or mental ailment of another." The supreme court, however, is of the opinion that those who practice osteopath for compensation come within the purview of the statute as clearly as those who practice what is known as "Christian science," and that, therefore, this case falls within the principle of State vs. Buswell, which it decided in 1894; 40 Neb. 158. It then held that the act to establish a state board of health; to regulate the practice of medicine in Nebraska, etc., is as much directed against any unauthorized person who shall operate on, profess to heal, or prescribe for, or otherwise treat any physical or mental ailment of another, as against one who practices "medicine, surgery, and obstetrics," as those terms are usually and generally understood. And it now declares that with the rule announced in that case it is fully satisfied, although it is possible that the decisions of some other courts are in con-

flict with it. The doctrine declared in that case, it goes on to say, will carry out the legislative intent and effect the object of the statute, which is "to protect the afflicted from the pretensions of the ignorant and avaricious," no matter whether the person pretending to heal bodily or mental ailments, does or does not profess to "follow beaten paths and established usages." In construing statutes, effect should be given to the intention of the legislature. But, it was argued, that osteopaths do not profess to treat any physical or mental ailment, that they merely seek to remove the cause of such ailment or disease, and, therefore, do not come within the definition mentioned. The answer to that is that it is apprehended that all physicians have the same object in view, namely the restoring of the patient to sound bodily or mental condition, and whether they profess to attack the malady or its cause, they are *treating* the ailment as the word is popularly understood. Wherefore, the court says, that it can see no good reason why the practice of osteopathy does not fall within the provisions of the statutes under which this prosecution was instituted, as clearly so as do ordinary practitioners, or those who profess to heal by what is known as Christian science. Nor does it consider that the offense is without a penalty under the Nebraska statutes. It holds that one who practices what is known as osteopathy, without obtaining a certificate from the State Board of Health, is a practitioner of medicine as defined by article 1, chapter 55, Compiled Statutes, and is liable to the penalty prescribed specifically for practicing medicine without a license. It further holds that "surgery and obstetrics," as those terms are popularly understood, are embraced in the title of an act to regulate the practice of medicine, and hence that the act in question is not invalid on the ground that the definition of a practitioner of medicine contained therein and quoted above, is broader than the title of the act, which is "to regulate the practice of medicine." Then, it holds that the act is not void as being prohibitive in its effect, its attempt being to regulate the practice of the art of healing and it being prohibitive only as to those who have not been duly licensed by the State Board of Health to practice the art of healing. Last of all, it holds that several misdemeanors of the same kind, as for example, charging violations of such a statute, may be set forth in as many counts of an information, and the prosecutor is not required to elect upon which count he will proceed."

Under the laws of Mississippi any person may practice medicine regardless of his "pathy," provided he is examined and licensed by the State Board of Medical Examiners,

but it is grossly unjust to the regularly licensed physicians of the State to allow osteopaths, or the members of any other "pathy," to practice medicine unless they comply with the laws of the State by securing license from the proper authorities. The fact that they are osteopaths does not prevent them from securing license. The Examining Board has had but one osteopath before it, and his examination showed him to be utterly incompetent to practice medicine. Notwithstanding this, we are informed, he is to-day practicing in this State in defiance of the law.

We have one in Vicksburg practicing without license. The attention of the Grand Jury, recently adjourned, was called to the fact, but it did not have the courage to indict because of the sex of the osteopath, we suppose. Women in the regular practice comply with the law, and not one white woman has yet failed before the Mississippi Board. It seems to us that it is but fair and right and just to make the same requirements of female osteopaths as are made of female regulars. We have never had any patience with that sentimental idea of shielding the female criminal or violator of law just because she is a woman. We believe in justice—in hewing to the line and allowing the chips to fall where they may. We trust the next Grand Jury will lay aside sentiment and do its duty under the law, as it is sworn to do.

The statute of this State defining the practice of medicine is plain—made so in order that it could not be misunderstood.

Chapter 68, Acts 1896, An Act to define the practice of medicine, etc :

Section 1.—*Be it enacted by the Legislature of the State of Mississippi,* That the practice of medicine shall mean to suggest, recommend, prescribe, or direct for the use of any person, any drug, medicine, appliance or other agency, whether material or not material, for the cure, relief or palliation of any ailment or disease of the mind or body, or for the cure or relief of any wound or fracture or other bodily injury or deformity, or the practice of obstetrics or midwifery, after having received, or with the intent of receiving therefor, either directly or indirectly, any bonus, gift, profit, or com-

pensation; *provided*, that nothing in this section shall apply to females engaged solely in the practice of midwifery.

The fact that osteopaths do not give medicine is no reason that they do not practice medicine under the meaning of the statute. The Legislature has done its duty in making the law. It remains to be seen if the courts and the juries of this State will do theirs.

While we have no apologies to offer for this editorial, we would not have it construed into a jealous assault against the class mentioned. We only desire that justice be done. We certainly have no objection to an osteopath practicing medicine in this State if he will comply with the law. The very fact that they try to evade the law, and practice in open defiance of it, is conclusive proof of their incompetency, or is evidence that they prefer to be violators of the law rather than to be law-abiding citizens.

TAKE HOSPITALS OUT OF POLITICS.

There is a movement on foot to take Bellevue and its subsidiary hospitals out of politics. "The plan is," says *The Philadelphia Medical Journal*, "to vest their government in a board of seven trustees, appointed by the Mayor, from lists furnished by the presidents of sundry charitable organizations. The benefits from such a change will be all those derived from a permanent and stable administration; benefits both to the hospital and community, easily recognized, and fully illustrated by the success following its adoption in Boston, Cincinnati, and other cities. The evils thus avoided are those inevitably connected with the administration of hospitals by politicians, medical and lay, interested in the degenerated condition of our politics. These also need no enumeration, as they are in horrible evidence everywhere. We trust that the honorable members of the profession, and those medical societies not moribund with apathy and 'esprit de corps' may bestir themselves to further this reform, not only in New York, but wherever it is needed." There are only a few hospitals in Mississippi and these are dominated by politicians.

To use the patronage and appropriations of eleemosynary institutions to further the ends of designing politicians is a disgrace to our civilization and a great crime against the poor unfortunates who are forced to patronize them.

From one end of the State to the other the late governor, A. J. McLaurin, was criticised, and at times very harshly, on account of his appointments, but to his eternal credit one thing at least can be said: During his four year's administration he never besmirched the fair name of Mississippi by, either directly or indirectly, paying a political obligation at the sacrifice of an eleemosynary institution.

So far, the present governor, A. H. Longino, has made few appointments either directly or indirectly. Some of them have been creditable. He followed in the footsteps of his predecessor in the appointment of a specialist and a man of good executive ability to the Blind Assylum. Gov. McLaurin made this departure and to him is due the credit of first placing an oculist at the head of this institution. He was fortunate in his selection of the man for the position, and although disruption of the institution was for a time threatened he stood firm in his position. Four years of successful administration had so thoroughly and completely vindicated Governor McLaurin in his appointment that the present governor could not fail to see the advantage of having such a man as Sims at its head, and hence reappointed him.

It is said that the Natchez Hospital is doing good work. While it, like all others in the State, is controlled by politicians, the trustees seem to look more to the interests of the hospital than to the interests of the politicians.

They extend to the physicians of Natchez certain courtesies enjoyed by physicians in all other cities where hospitals are located. The surgeon in charge is a capable man, does more work, for less pay and with better results than is done in many more pretentious institutions. The trustees are careful with the appropriations of the institution and think it better to have one good surgeon provided with nurses and facilities for work than to have all surgeons and nothing else.

We think it within the legitimate province of medical journals to criticise administrations,—national, state or municipal, so far as they relate to medicine and surgery and we

may have something further to say during the year about the administrations of hospitals in Mississippi. In advance we will state that if we decide fully to take up the matter our criticisms will be of a constructive and not of a destructive character. We believe it best for all concerned that the hospitals of the State should be removed as far from political influence as possible.

Doctors are the mainstay and the means of the successful and useful existence of every hospital the world over. In every city the most talented men in the medical profession give their services to hospitals without compensation. The physicians in Mississippi where hospitals are located would do the same thing if opportunities were given them under conditions that would not be embarrassing to them and under conditions that conduce to the welfare of patients.

TYPHOID FEVER IN MILITARY CAMPS.

"According to press reports," says the *New York Medical Journal*, "Surgeon-General Sternberg has made public a report on the origin and spread of typhoid fever in our camps during the Spanish war, prepared by a board consisting of Surgeon Walter Reed, of the army; Dr. Victor C. Vaughn, division surgeon of volunteers, and Dr. Edward O. Shakespeare, brigade surgeon of volunteers. The report holds line officers, even those of the regular army, in some degree responsible for unsanitary conditions, and suggests that greater authority should be given to the medical officers in matters of camp hygiene. Unquestionably this suggestion ought to be heeded."

True, but why should line officers be held responsible for unsanitary conditions, when they have not the authority to enforce camp hygiene? Place the responsibility where it belongs and cease to make of subordinates scape-goats for the sins of those higher in authority.

THE Mississippi State Medical Association will meet in Jackson, Miss., on Wednesday, May the 8th, next. Dr. H. A. Minor, of Macon, the President, and Dr. J. R. Tackett, of Meridian, the Secretary, will strive hard to make this

meeting a great success. The chairman of sections will soon organize their respective sections. The organization of these sections involves considerable work and time, and a whole lot of correspondence. Dr. H. L. Sutherland, of Rosedale, is the chairman of the section of General Medicine; Dr. John Davis, Columbus, Rectal Diseases; Dr. T. A. Barber, Meridian, Eye, Ear, Nose and Throat; Dr. G. Y. Gillespie, Duck Hill, Diseases of Children; Dr. L. D. Dickerson, McComb, Surgery; Dr. E. H. Martin, Clarksdale, Nervous Diseases; Dr. G. E. Gavin, Chicora, *Materia Medica and Therapeutics*; Dr. J. H. Rhodes, Jackson, _____; Dr. N. L. Clarke, Meridian, Gynecology; Dr. W. A. Carnes, Kosciusko, Dermatology and Venereal Diseases; Dr. N. C. Ellis, Senatobia, Obstetrics; Dr. E. A. Cheek, Arcola, Hygiene. These are all good men and familiar with their duties and no doubt will organize their respective sections thoroughly within the next few days so that each member will have ample time within which to prepare his paper.

BOOK REVIEWS.

Students' Edition, a Practical Treatise of Materia Medica and Therapeutics, with special reference to the Clinical Application of Drugs. By John V. Shoemaker, M. D., LL. D., Professor of *Materia Medica*, Pharmacology, Therapeutics, and Clinical Medicine and Clinical Professor of Diseases of the Skin in Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, the American Academy of Medicine, the British Medical Association; Fellow of the Medical Society of London, etc., etc. Fifth Edition. Thoroughly Revised. $6\frac{1}{2} \times 9\frac{1}{2}$ inches. Pages vii-770. Extra Cloth. \$4.00, net; Sheep, \$4.75, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

The demand for this text-book has been met by placing before the profession five editions in ten years. The fact that so many editions have been put forth in so short a time is evidence of its popularity with physicians and students. In the revision of the work the author has spared himself no pains in order to represent the results of the latest researches in this department of our profession.

The author is eminently correct when he says, in order to facilitate the adoption of the metric system of weights and

measures it is desirable that the student should be trained in its use from the beginning of his professional course. In this edition, while the doses in the text are all given in the decimal terms, their equivalents are given in the English system.

Part first of the book is devoted to general considerations concerning remedies and systems of treatment, pharmacology and the pharmacopœia, *materia medica*, pharmacy, prescription-writing and formulae, poisons and antidotes and general therapeutics and classification of remedies. Part the second is given up to pharmaceutical therapeutic agents or drugs or official remedies or drugs contained in the United States and British pharmacopœias.

The book has a general and a clinical index which adds materially to its value, making it easy reference. It contains just what the busy physician needs to help him in his every day work.

The Physician's Visiting List for 1901. Fiftieth year of publication. Price, \$1.00 to \$2.25; in different styles. P. Blakiston's Son & Co., Publishers, 1012 Walnut Street, Philadelphia.

The Physician's Visiting List, with the present issue, enters upon the fiftieth year of its existence. The best evidence of its merits is its length of days. Few publications of any kind live so long. In arrangement it is complete, compact and simple. The blank leaves are for visiting list with special memoranda, general memoranda, addresses of patients, addresses of nurses, accounts asked for, memoranda of wants, obstetric engagements, record of births, record of deaths and cash account. To the busy practitioner the *Physician's Visiting List* is almost indispensable.

MEDICAL NEWS AND MISCELLANY.

ON THE evening of the 4th of December, the retiring President, Dr. J. H. Purnell entertained the Vicksburg Medical Association at his home on Clay street in elegant style. Dr. Purnell is a host worthy the name, and this, the first anniversary of the Association, will long remain fresh in the memory of the members present on that occasion. After pleasure then came business. Dr. A. T. Mitchell was elected

President for the ensuing year. Dr. J. A. K. Birchett was elected Vice-President, and Dr. C. L. Mengis, Secretary and Treasurer.

NEW ORLEANS POLYCLINIC.—Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, particularly laboratory work. Fourteenth annual session opens November 12, 1909. For further information address Dr. Isadore Dyer, Secretary, New Orleans Polyclinic, New Orleans, La.

THE Illinois Medical College is a member of the Association of American Colleges. Being a summer school with large clinics, it affords ample opportunities for obtaining bedside experience in diseases common to the summer months. The session opens January 1st and closes Sept. 26th, 1901.

Worthy and Seasonable.

“When the temperature of the body is above normal, conditions are especially favorable for germ development. It is a matter of every day observation that a simple laxative is often sufficient to relieve the most threatening situation and prevent the most serious complications. To reduce fever, quiet pain, and at the same time administer a gentle laxative and strong tonic is to accomplish a great deal with a single tablet. We refer to Laxative Antikamnia & Quinine Tablets (a tonic-laxative, analgesic and antipyretic) each tablet containing:

Cascarin	-	-	-	-	gr.	$\frac{1}{8}$
Aloin	-	-	-	-	gr.	1-32
Ext. Belladonna	-	-	-	-	gr.	1-32
Podophyllin	-	-	-	-	gr.	1-32
Quin. Bisulph	-	-	-	-	gr.	$1\frac{1}{4}$
Antikamnia	-	-	-	-	gr.	3

Among the many diseases and affections which call for such a combination, we might mention la grippe, influenza, coryza, coughs and colds, chills and fever, and malaria with its general discomfort and great debility.

We would especially call attention to the wide use of this tablet in chronic or semi-chronic diseases.”

CONSOLIDATION OF THE MARION-SIMS COLLEGE OF MEDICINE AND THE BEAUMONT HOSPITAL MEDICAL COLLEGE. The important announcement is made that the Marion-Sims College of Medicine and the Beaumont Hospital Medical College have agreed to a consolidation, which will become effective May 1st, 1901. The terms of the consolidation contemplate a utilization of the entire teaching force of the two institutions and a union of their clerical faculties and laboratory equipment.

The old Beaumont building at Jefferson Avenue and Pine Street will be sold, and the Marion-Sims building at Grand Avenue and Caroline Street, with new additions already projected, will be used by the new Marion-Sims-Beaumont College of Medicine.

It is manifest that the new institution will have abundant clinical advantages, the following institutions being under the control of members of the new faculty: Alexian Brothers' Hospital, Rebekah Hospital, St. Mary's Infirmary, Josephine Hospital and Grand Avenue Dispensary. In addition the following hospitals will afford clinical material: City Hospital, St. Louis Insane Asylum, Protestant Episcopal and Baptist Sanitarium.

The Governing Faculty will include the following:

Y. H. BOND, Professor of Gynecology, and Pelvic Surgery.
F. J. LUTZ, Professor of Surgery.
JACOB GEIGER, Professor of Surgery.
W. A. McCANDLESS, Professor of Surgery.
C. BARCK, Professor of Ophthalmology.
W. G. MOORE, Professor of Medicine.
J. R. LEMEN, Professor of Chest Diseases.
A. ALT, Professor of Ophthalmology.
H. SUMMA, Professor of Medicine.
L. H. LAIDLEY, Professor of Gynecology and Pelvic Surgery, and Clinical Gynecology.
B. M. HYPES, Professor of Obstetrics.
J. FRIEDMAN, Professor of Clinical Medicine and Chemistry.
H. W. LOEB, Professor of Nose and Throat Diseases.
W. B. DORSETT, Professor of Obstetrics and Gynecology.
R. C. ATKINSON, Professor of Diseases of Children.
J. R. DALE, Professor of Surgery.
C. G. CHADDOCK, Professor of Diseases of the Nervous System.
J. T. LAREW, Professor of Surgical Anatomy and Clinical Surgery.
T. C. WITHERSPOON, Professor of Operative Surgery on the Cadaver and Clinical Surgery.
M. A. GOLDSTEIN, Professor of Otology.
G. C. CRANDALL, Professor of Medicine.
C. M. NICHOLSON, Professor of Anatomy and Clinical Surgery.
H. H. BORN, Professor of Anatomy.
R. J. STOFFEL, Professor of Therapeutics.
C. D. LUKENS, Professor of Dentistry.
S. I. SCHWAB, Professor of Nervous Diseases.
B. LEWIS, Professor of Genito-Urinary Diseases.

In addition, the other instructors of the two institutions will be utilized to the fullest extent.

"INCOMPATIBILITIES OF HEROIN AND HEROIN HYDROCHLORIDE. Heroin and heroin hydrochloride form an essential part of so many formulae for the relief of cough, dyspnea, and pains in the treatment of respiratory affections, that it is important to determine incompatibilities. Owing to the insolubility of heroin in watery solutions it is necessary to add a few drops of some acid, acetic or hydrochloric, in order to effect its solution. This can be entirely obviated by using the hydrochloride, which is freely soluble. The only incompatibilities of heroin and the hydrochloride worthy of special mention are the alkalies, such as bicarbonate of sodium and carbonate of ammonium. On the other hand, salts of neutral reaction, such as iodide of potassium or chloride of ammonium may be used in the same mixture, and this also applies to acid salts, such as the hypophosphites or acid phosphates. The vegetable expectorants, as senega, ipecac, squill, and sanguinaria, are entirely compatible with heroin and its hydrochloride. Although many physicians employ heroin without admixture, very desirable results have been reported from combinations with iodide of potassium, chloride of ammonium, and the vegetable expectorants, according to the indications present in particular cases. A word as to the dosage of heroin and heroin hydrochloride may be of interest here. The large doses at first recommended at the time of the introduction of heroin are no longer preferred by the majority of authors, the average dose ranging from 1-24 to 1-12 grain in adults, and 1-120 to 1-60 grain in children. It is advisable not to employ larger doses until the smaller ones have been given a trial. Furthermore, many physicians now resort to the hypodermatic use of heroin hydrochloride in cases in which it is desirable to obtain an immediate effect, and especially in the treatment spasmodic conditions, such as asthma, care being taken in the preparation of solutions not to add the drug until the water has partially cooled."

"WHAT right has any firm, whose business is to furnish the physician with his principal weapons, to place upon the market pharmaceutical preparations of unknown medicinal value? Should we not expect, yes even demand, that the producer of fluid extracts make his products conform to some standard of excellence—that he shall indicate what effects his fluid extracts may be expected to have ere he sends them forth from his laboratory?

It has been shown that even drugs selected with care vary most extraordinarily in their percentage of active principles. Witness, for example, this statement by the editor of a leading pharmaceutical journal* who knows whereof he speaks:

"Professor Puckner assayed nineteen samples of belladonna leaves procured, mind you, from dealers who were told that only the best was wanted, and that purchase would depend upon the results of assay. He found these nineteen samples to range in alkaloidal content from .01 to .51 per cent! The strongest sample fifty-one times as strong as the weakest."

**Bulletin of Pharmacy, January, 1899.*

"The most careful treatment of such drugs, with the choicest menstrua, and by the most approved processes, will yield preparations that may be fair to look upon, but in medicinal value they will vary just as much as the crude drugs from which they are made. The compensatory remedy for this unfortunate condition is standardization—chemical standardization when practicable, and when that method is inadmissible, as it often is, physiological standardization. It has been found that certain important drugs cannot be assayed chemically, as their medicinal virtues reside in unstable bodies, and these are readily decomposed in the analytical processes. For this reason the strength of such powerful and useful drugs as digitalis, aconite, convallaria, strophanthus, ergot, cannabis Indica, and many others cannot be determined satisfactorily by the analytical chemist. However, the problem which proved to be an insurmountable difficulty to the chemist, was solved by the pharmacologist with ease. He tests upon living animals all drugs that cannot be assayed chemically. Dogs, rabbits, fowls, guinea-pigs receive doses of the preparations under examination. Accurate observations of their physiologic effects are made, variations are noted and corrected, until the preparations correspond in medicinal strength with the adopted standard extracts.

Formerly the physician was obliged to make his own physiologic tests of ergot, digitalis and so on; not upon dogs and guinea-pigs, however, but upon his patients. The old way was to begin with small doses of powerful drugs and then to push them until the desired effect was produced. The new way is a much better one; it is safer for the patient, more satisfactory to the physician, and it is more scientific. Prompt results are assured, for the physician knows just how much fluid extract of ergot, aconite or cannabis Indica he need include in his initial dose to secure a definite result.

The name of the greatest pharmaceutical manufacturing house in this country is so closely linked with the phrase,

"drug standardization," that the mere mention of one suggests the other. Parke, Davis & Co began years ago to manufacture a full line of standardized fluid extracts that are guaranteed to be of definite and uniform strength. More recently they devised and perfected methods for standardizing physiologically those important drugs that are incapable of analysis by chemical processes. Parke, Davis & Co. have done a great deal for the medical profession and for humanity, and standardization, more especially physiological standardization, is one of their greatest achievements."

ON December the 6th, in the city of Philadelphia, two faith-curists pleaded guilty to a charge of manslaughter in connection with the death of a child confided to their care and were sentenced to three months imprisonment.

BECAUSE of the unusual prevalence of yellow fever in Havana, the Pan-American Medical Congress which was to convene there this month has been postponed until February 4th, 1901.

IT IS stated that an attempt on an enormous scale will be made to stamp out malaria in Italy. The plan has been proposed by Professor Grassi and covers a region of some thirty thousand square miles. Throughout this entire region every house is to be provided with wire screens to the doors and windows. The inmates are to be kept within doors from sunset to sunrise. Professor Grassi has evidently had no experience in enforcing sanitary regulations. It would not be a much greater task to catch the mosquitoes and pull their wings off than to confine the inhabitants as he proposes.

FROM June 17th., to December 2nd., 136 cases of smallpox occurred in New Orleans. Of this number 43 died. In some sections of the State of Mississippi last winter the mortality was even greater than this, yet there are many people who claim that the disease is so mild that no measures for its suppression should be taken.

BETWEEN March 5th., and November 13th., 1389 cases of smallpox were reported to the State Board of Health of Tennessee. The report shows that the disease prevailed in thirty-five counties in the State of Tennessee. During the time mentioned, Shelby County reported 254 cases.

GERMANY proposes to take precautions against tuberculosis, and the department of the interior has issued orders providing that physicians having patients with pulmonary or laryngeal tuberculosis shall give written notice to the police as soon as the diagnosis has been made. The order also provides that immediately after the death of a person from tuberculosis the deceased's room and effects must be thoroughly disinfected. The penalty for non-compliance with the regulations is a fine of 150 marks or six weeks' imprisonment.

DR. W. S. BAINBRIDGE, (*N. Y. Medical Record*), gives a new method of sterilizing the fluid to be used in spinal injection for anesthesia. The method is as follows: About a drachm of ether is poured over five grains of powdered cocaine or eucaine in a measuring-glass, which has been boiled, as well as the glass rod used to mix the ether thoroughly with the powder. The mixing process is continued until all the ether has disappeared. Then one ounce of boiled filtered water added. The solution is made fresh before each operation.

LISTERINE

The word Listerine assures to the Medical Profession a non-poisonous antiseptic of well proven efficacy; uniform and definite in preparation, and having a wide field of usefulness.

On account of its absolute safety, Listerine is well adapted to internal use and to the treatment of Catarrhal Conditions of the mucous surfaces.

LITERATURE DESCRIBING THE BEST METHODS FOR USING
Listerine in the Treatment of Diseases of the Respiratory System
WILL BE MAILED TO YOUR ADDRESS, UPON APPLICATION.

We beg to announce that, in addition to the 14 oz. bottle, in which Listerine is offered to the trade, the pharmacist can now supply a smaller package, containing 3 fluid ounces, which is put up for the convenience of practitioners who prefer, upon certain occasions, to prescribe articles of established merit in the Original Package, under the seal and guarantee of the manufacturer.

LAMBERT PHARMACAL CO., ST. LOUIS.

Sanitarium

FOR THE

DISEASES OF WOMEN.

Drs. MAURY & MITCHELL.

111 Court Street,

MEMPHIS, - - TENN.

For further information DR. MAURY can be addressed at the Sanitarium.

 Open for Patients Sept. 25th, 1900.

At Johns Hopkins Hospital, Drs. Finney, Cushing and Mitchell have performed fifteen operations for perforation of the bowel in typhoid fever. The number recovered was six. This being 40 per cent. is an unusually large proportion of recoveries.

THE chairman of the committee on lodging-houses and sanitation of the State Board of Health of Illinois will recommend the following regulations for lodging-houses:

(1) Mattresses must be made of washable rubber. (2) Houses must be fumigated at least once a week. (3) Better toilet arrangements must be provided. (4) Each lodging-house shall have a temporary isolation room, for use in case of an outbreak of communicable disease, and before the local board is able to act.

It will be found that the second regulation is impracticable and can not be enforced.

AN itinerant osteopath was fined \$25.00 and costs at Delphia Indiana, December 1st., for practicing medicine without a license.

The Journal of the American Medical Association says, "according to a newspaper report, a Chicago physician is supposed to know the whereabouts of the principal in a recent murder case and refuses to give any information on the ground that he is bound to protect his patient by the ethics of his profession. In commenting on this supposed fact, the newspaper assumes that the medical profession has set up such a rule as would require physicians to conceal criminals, and says: 'Too often fugitives from justice are aided in their attempts to escape by doctors who are over-zealous in their observation of so-called professional ethics. It is time for the medical profession to define clearly where it stands on this important matter.' There is a serious misapprehension of facts in the above quotation. Medical secrecy does not demand anything of the physician that would make him an accessory after the fact in a criminal case. Physicians are not justified in doing anything to balk justice or to mislead authorities. They are not, however, detectives or policemen, and it is not to be expected that they should desire to usurp their functions. The physician in question has no excuse in medical ethics if he did anything actively to mislead the authorities, such as concealing the times of his visits, or acting in any way differently from what he would in an ordinary case, one in which there was no suspicion. Criminals have no special privilege as regards medical secrecy, and there is no reason why a physician should plead medical ethics as an excuse for concealing their location, certainly not if it required him to dissemble or mask his own actions. For alleged reasons of public policy, laws have been passed in some States making professional communications to physicians privileged, but there has been no such legislation in Illinois, and a physician secretly treating known criminals who are wanted by the police might easily be subjected to serious inconvenience and possibly to penalties. The situation is not a satisfactory one and the wisest plan might perhaps be to treat all suspicious patients as emergency cases; apply first aid need and then refer to a hospital."

It is stated that the foreign-born insane cost the State of New York over \$1,000,000 annually. At least 50 per cent. of the patients in the New York State insane hospitals are foreign-born.

C O D - L I V E R O I L

is good, when the stomach takes it and likes it.

Scott's emulsion is cod-liver oil of the kind and mixture and form, which nourish the body, tickle the stomach, help it get back to its work, and make it content with its proper food.

There are other emulsions of cod-liver oil, so-called; some are, some are not. They are all made

to look like Scott's
to pass for Scott's
instead of Scott's
as good as Scott's
or better than Scott's

but not to nourish the body and tickle and help the stomach; some of them flatter the stomach. The flavor of money is in them.

What do you think of a doctor, who dresses and talks and walks and drives like somebody else, and is always harping on being as good a doctor as he, for less money!

SCOTT & BOWNE,

409 Pearl street,

New York.

THE president of Metropolitan Medical College Chicago, a "diploma mill" was sentenced on December 15th., to serve one year in jail and to pay a fine of \$500.00. There were two other defendants to the suit but their sentence was deferred until the next term of court.

DR. O. K. EARLY died at his home in Columbus, Miss., on December 11th., after a short illness.

ASSISTANT Surgeon H. B. Parker, Marine Hospital Service, has been ordered to Magnolia and Fayette Miss., and to St. Joseph La., for special temporary duty.

THE State Board of Health of Utah, has issued an order that no child who has not been vaccinated shall be admitted to a public school in the State. This should be a law in every State in the Union. If it had been the practice all along we would not now have smallpox in forty-one States as the reports of the Marine Hospital Service show.

ANOTHER death from plague in San Francisco was recently reported.

SURGEON H. R. CARTER of the Marine Hospital Service, is still on leave of absence on account of sickness. Surgeon Carter is one of the most valuable men in the service. We regret exceedingly to learn of his continued illness.

DR. GEO. H. NOBLE, of Atlanta, Ga., has been sued by a patient, upon whom he operated, for \$10,000 damages. A piece of surgical gauze was left in her body and caused much pain until it was removed. The jury rendered a verdict for the defendant.

THE Louisville Society of Medicine has appointed a committee to investigate the water supply of Louisville. We do not think it would be amiss for the Vicksburg Medical Association to appoint a similar committee to investigate the water supply of Vicksburg, and let the people of this city know the exact character of the water that is now being supplied them.

SMALLPOX still exists in many counties in this State. Cases are constantly being reported in Vicksburg. This city has possibly done more in the way of vaccination than any other town in the State, and this alone kept the disease from becoming epidemic here last winter. Most of the cases that are now occurring are imported. The physician to the pest house advises us that of the 125 cases that were treated there last winter, more than half were imported. This condition cannot be remedied short of general vaccination.

The State Board of Health has, several times during the last few years, emphasized the importance of vaccination, but it seems the Boards of Supervisors of the counties give very little attention to the disease or to measures looking to its suppression. We are glad to be able to state that this does not apply to the Board of Supervisors of Warren county. This Board has done its duty, both by isolating cases and vaccinating the people, but it is impossible to prevent cases when they are brought in from other counties and states.

The disease is now prevailing extensively in the Northwest, and with considerable mortality. We think that we can safely state the disease prevails in every state in the South. With the disease so widespread it is impossible for Vicksburg to avoid having an occasional case, but an epidemic of the disease can be prevented by vaccination and revaccination.

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ORIGINAL CONTRIBUTIONS.

* A SURGICAL DISAPPOINTMENT.

BY JOHN H. PURNELL, M. D., VICKSBURG, MISS.

No apology is deemed necessary for relating a hard luck story, since each of you have doubtless experienced disappointments in your surgical life, and have in all probability, had a past operative opportunity of noting the evidence of surgical disappointment, experienced by the distant brother whose vaunted skill (made brighter by enchanting distance) has lured patients from the ills of the surgeon present to those of others of which he knew not of. The case furnishing the present disappointment is a male. White. Aged 35. Boiler maker by trade. He was first seen by me on July 15, 1899. He gave a history of severe abdominal pains coming on at irregular periods, and covering a space of eighteen months or two years. An examination revealed the presence of a tumor about the size of a billiard ball, slightly elongated, tender on pressure, freely movable and located in the right iliac region. A diagnosis of chronic appendicitis was made, an operation advised and a favorable prognosis given. Following a few days' preparatory treatment, an appendectomy was done. The conditions discovered confirmed the diagnosis and justified the surgical procedure. A rapid and uneventful recovery followed and within ten days the patient was discharged as cured.

Several months afterwards I was consulted again on account of abdominal pains, located in the epigastric and umbilical regions. An examination revealed nothing, and the treatment prescribed and followed accomplished nothing. Some months passed, when at the solicitation of friends and relatives the sufferer went to a neighboring city seeking re-

* Prepared for Vicksburg Medical Association.

lief. There an abdominal section was done, which accomplished no good, but resulted in the establishment of a fecal fistula in the line of incision. For the relief of this condition I was consulted. An operation looking to the removal of a section of the intestine containing the fistula was decided on, and assisted by Drs. O'Leary, Birchett and Mengis, I opened the abdomen a little to the right of the median line, loosened the adhered colon and removed the diseased portion, about six inches of the gut being involved. An end to end anastomoses was neatly perfected by the use of a Murphy's button reenforced with Lembert sutures. Several adhesions between the omentum and intestines were observed, but were too firmly knit to risk breaking up. The fistulous opening in the abdominal wall as well as the site of adhesion was touched with carbolic acid, and the wound was closed with catgut and silk sutures. The case did beautifully from the beginning. Very little pain, temperature never above $100\frac{1}{2}$ °, pulse under ninety. Bowels acted normally on third day and wound united by first intention. At the end of a week the advent of the button was anxiously expected. Day after day passed, bowels acting normally, still no button. On the eleventh day after the operation I was hurriedly summoned to the patient to discover the discharge of fecal matter through the old fistulous tract. This condition was most discouraging. Not only a fecal fistula in the original place, but six inches of gut gone, and a Murphy button on the inside! The patient met the situation bravely, however, and readily consented to undergo another ordeal. Attention was given to building up the patient's strength with such success that on October 4th, 1900, a fourth opening into the abdominal cavity was made and a deplorable condition revealed. Adhesions between omentum, intestines and peritoneum formed a conglomerate mass, to such an extent that the removal of a section of intestines was out of the question. A search through the intestinal fistula discovered the button lying loose in the gut, together with a piece of bone three-fourths of an inch in diameter, both of which were removed. The intestinal opening was pared and closely stitched with catgut. The abdominal fistula was removed in its entirety, and the wound was brought as closely as possible together, with sutures and then packed

with gauze, and a dressing of gauze and cotton was placed over all. For two weeks the patient behaved as well as on the previous occasions, but on the fourteenth day fecal matter again discharged and thus the matter stands. The result of future efforts looking to the amelioration of this condition will be reported to the Association.

WOMEN SHOULD BE TAUGHT THE DANGER SIGNALS OF PREGNANCY.

BY R. E. JONES, M. D., CRYSTAL SPRINGS, MISS.

As evidence of the fact that mid-wives, and women generally, should be taught the danger signals of pregnancy, a report of the following case is made.

While the case is one which emphasizes the importance of treatment in a great many cases in the early months of pregnancy, it also presents an interesting complication in its final results, and may be of sufficient interest to the readers of our state journal to warrant its report :

I was called on the night of July 4th, 1900, to see Mrs. S., white, age 28, primipara. I found her in labor, at term. I had not been engaged to attend her in her confinement, nor had I been notified of her pregnancy. Her history, as given by her at the conclusion of labor, is that immediately after marriage menstruation ceased, and in a short time she began to suffer from nausea. It gradually increased in intensity, and instead of being confined to the mornings, as when it first appeared, it became, as pregnancy advanced, unlimited as to the time of day, and she suffered more or less, continuously, when awake.

It gave her great distress and, although it abated somewhat after the first few months, was a source of trouble to her throughout the period of utero gestation.

The appetite became bad, and the small amount of food taken by her was imperfectly digested. She suffered with head-

ache most of the time, and to this was added, in the latter months, dimness of vision.

Although she had so many symptoms of nephritis early in her pregnancy, there was no swelling of consequence about the face and limbs, until about two months prior to the time of labor. She lost strength early in her pregnancy and was unable to take necessary exercise. At its close she presented a most distressing appearance, face puffed almost beyond recognition, limbs and vulva œdematos—the latter to such an extent that I feared it would prove an impediment to the passage of the child's head.

There was, in fact, a general condition of anasarca, the skin possessing the white color peculiar to cases of hydremia and profound anaemia. Her pulse was 120, no valvular lesion, and her nervous condition and general appearance were bad in the extreme. Pains began on the morning of the day of my visit, and upon my arrival, sixteen hours later, they were active.

It is my custom, by palpation and auscultation, when I first reach the bedside, in a case of labor, after examining into the general condition of the case, to ascertain as far as possible whether twins exist, the presentation and position of the child or children. In this case, however, with the little assistance at hand, and the rapid progress of the labor necessitating early digital examination and preparation, I failed to do so.

Digital examination revealed vertex presentation L. O. A. position with os fully dilated, and membranes ruptured. The administration of chloroform was immediately begun, and aside from my desire to make the remaining part of her labor painless, I feared in her condition, the occurrence of convulsions, and wished to give her the protection that could reasonably be expected from its use. The active and expulsive pains were not retarded by chloroform, and a speedy, painless delivery was made of the first boy. As soon as the child had announced its presence by the usual cry, the grandmother, standing by, exclaimed: "There is another, Doctor. Everything on the farm this year has had twins—twin peaches, twin tomatoes, *twin everything*, so I know there is another." While waiting for the little fellow to get life enough, before tying the cord, I ran my hand over the

abdomen, and sure enough, the old lady was correct. When so informed, she heaved a sigh, showing the displeasure usually exhibited on such occasions when the announcement of twins is made. Baby No. 2 advanced rapidly and announced his advent into the family circle in about ten minutes after the first. In less than one hour from the time of my arrival, the third stage of labor was completed. She passed through this under chloroform, without convulsions or other difficulty, and with heart and nervous condition apparently improved. A free purgative was ordered and other means used to relieve the existing hydremia. As there is usually a very rapid clearing up of this condition after labor, and having escaped convulsions or coma, I had a hope that she might soon recover, without further complication; but, on the following day, in response to a hurried call, in my absence, my associate, Dr. J. M. Dampier, visited her. Her heart's action was so bad, and her breathing so difficult, that he spent the night with her. Notwithstanding the free use of stimulants, and all the means he could bring into use to sustain her, the pulse reached 180 and the respiration 60. At my visit on the 6th, examination of the chest showed pulmonary œdema, the kidneys were acting scantily and the urine was heavily loaded with albumin.

On account of the necessary use of small quantities of morphine (codeine not answering the purpose), combined with the stimulants used hypodermically the night before, the bowels were not acting freely enough, and she looked as if she would succumb. The lips were livid, the heart still acting rapidly and the dyepnœa continued. The poor sufferer evinced a greater distress than on the night of her confinement. The purgatives, diuretics and stimulants, with sustaining measures, were pushed to their utmost capacity.

These measures were continued from day to day, and after a hard struggle for life, for five days, she showed evidences of improvement which gradually increased. Iron and other tonics were later added to the treatment, and after about two months she considered herself well enough to leave off medicine—although October 1st there was a trace of albumin in her urine and she still looked anæmic.

There is no condition that should appeal more strongly to the sympathy of physicians than pregnancy. While child

bearing is considered a physiological process, we know that in its progress it is, as a rule, met at some point with pathological conditions. Why this is the case it is not the purpose of this paper to discuss, nor will space permit of study and treatment of such complications; the fact that it is true makes it an important matter, and necessary that the female friends of the pregnant woman, and the common mid-wife should be made to know the danger signals of pregnancy, in order that they may be early reported and the condition of each looked after until term. The longer one is engaged in the practice of obstetrics, the more apparent to him is the necessity for a knowledge of the condition of those who are to come under his care in the parturient chamber.

Physicians, on account of the suspense and interference occasioned by being notified of the pregnant state of women upon whom they are expected to attend in labor, often say that they would prefer to know nothing of the cases that are to be attended by them until they find them in labor. This should not be the case. The pleasure nor pecuniary interest of physicians should lead them to say anything that would be detrimental to the welfare of the burden bearers of the world. They should have every consideration, and women should be taught whenever occasion presents itself, the danger signals of the child bearing state. The woman, the report of whose case has been given needed treatment almost immediately after conception. Her complaints of discomfort and distress were met by the usual statement, and assurance of friends who had borne children, that "it is only pregnancy—all women in that condition suffer that way, and you will be well when the labor is over." The gravest of lesions are passed over in that way, and the poor suffering woman knows no better. She is lulled into submission by those who should be better informed, and suffers conditions and dangers that surprise the attending physician that she has lived to the end of term. It is often the case that the first known of one who is to be attended, is the call of friends for help, and upon arrival the physician finds the most gruesome of all sights, puerperal eclampsia. Women should know that while a great many cases of cedma and other disturbances go to the end of term without serious harm, they should be looked upon always as signals of more or less danger.

To the Medical Profession of Mississippi :

This, the beginning of a new year and of a new century, is a time for retrospection, introspection, and prospection. At this propitious time are we, as a profession, upholding the dignity, the honor and the rights of our calling as becometh us? Are there not lines along which we can make advances that will tend to elevate it to loftier heights, give it more prominence and more power to accomplish good for us as individual members, for the profession as a whole, for our clientele, for our state?

As a body, the profession in our state compares favorably with any other body of physicians that I know—are the peers of any. Let us now assert ourselves. Organization is the order of the day. All professions and trades, even common laborers, are organizing. "In union there is strength." Each organization is striving to so perfect itself as to hold its own against all opponents, either from within or without. The unworthy, from without, who wish to join, are being rejected—those from within, ejected. Our sister state on the east—Alabama—has forged ahead of us and has a state medical organization that excites admiration. Other states all over the Union are perfecting similar organizations. Shall *our* state be behind these? I beg that we go to work at once—*now*. Let us organize county medical societies in every county. These should report to the state organization, and be subsidiary thereto; these will promote kind and friendly personal relations between the physicians of each county in which they may be formed, and will also promote unity of action. Let our state organization be recognized by all as the supreme legislative body of the profession of the state; all county societies recognizing its authority. Through it let us claim what is due to the profession. Let its highest interests be sought after, and let us be subservient to them. How all this, and much more, is to be done is a matter to be ascertained only after thought, study, experience and debate.

Why should there be any delay? Now is the time, this is our opportunity. The next meeting of our State Medical Association will be in May, proximo. Proceed now to the organization of county, city and town societies. Come to

this next session in May and help to initiate the movement that will develop our Association into the beautiful, symmetrical and powerful organization that is so desirable and so attainable if proper effort be made.

What say you, gentlemen? Shall we purge our profession of the incorrigibly bad, of the hopelessly ignorant, of quacks and ignoramuses, and of those who willfully ignore the claims of professional ethics? Shall we strive to attain to that height of moral and educational elevation that will make a true man proud to be numbered among us? Shall we have it so that to be a member of our Association will be equivalent to endorsement as a gentleman and a safe and trustworthy physician? Alas! that it is not so now!

If I am right, if what I am here advocating is desirable—if some such effort be absolutely necessary to enable us to attain to such high and noble ends—then let us go to work to accomplish it without delay.

With sentiments of highest esteem, and with wishes for the continued health, success and happiness of each member of our Association, I am very truly your friend and obedient servant,

H. A. MINOR, M. D.,
President Mississippi State Medical Association.

P. S.—There promises to be so much work to be done at our next session that I am constrained to advocate an extension of time to four days. I will be glad to hear an expression of opinion on this subject.

H. A. M.

A Form of Faucial Inflammation Resembling Diphtheria.

Villy (*The Med. Chron.*, Sept., 1900,) describes 4 cases seen by him, in which the faucial condition resembles that seen in diphtheria, but in which there is sufficient difference both in the local and general symptoms to differentiate it. These differences are: (1) The faucial lesion is of a more gangrenous nature than that of diphtheria, and on the separation of the slough more or less ulceration persists for a greater or lesser time. (2) The disease is more febrile. Delirium is not uncommon. (3) Paralysis is not a sequel. (4) Cardiac affections are not pronounced. (5) The Klebs-Löffler bacillus, when present at all, is only there in small numbers and is probably not an etiologic factor. (6) *Streptococcus pyogenes* is the preponderating organism found in the throat. (7) The disease is not at all affected by the administration of diphtheria antitoxin. The writer regards the condition as being due to the streptococcus, this organism being recovered in each of his cases.—*International Medical Magazine.*

ABSTRACTS AND EXTRACTS.

A PLEA FOR A MORE RATIONAL PROGNOSIS IN CARDIAC AFFECTIONS, by J. J. Morrissey, M. D., (*Journal of the American Medical Association.*) The author concludes this interesting article as follows:

1. When a heart murmur is discovered, do not give a gloomy prognosis on that simple fact alone; consider the condition of the cardiac walls, the probable length of time the lesion has existed, the presence of dilatation, or hypertrophy, or both combined. The occupation and temperament of the patient are very essential factors in the prognosis. Each individual is a law unto himself, and though certain general principles may be established as a basis on which to build a working prognosis, remember we have no real means of recognizing the strength of the individual heart except its power of resistance against the poisonous effects of alcohol and tobacco or the inroads of the acute or chronic diseases, or the stress of laborious occupation, or the debilitating influence of prolonged exposure. The diagnosis should be complete, the prognosis tentative, or, as a distinguished colleague has said: "Give your prognosis on the best suppositions, treat your patients on the worst." (Allbutt.)

2. Remember that murmurs do not invariably mean endocarditis, and a prognosis based simply on the presence of a murmur would be rank injustice to the patient and demonstrate incapacity on the part of the physician. As a skilled observer has well stated: "With an apex-beat in the normal situation, and regular in rythm, the auscultatory phenomena may be practically disregarded."

3. To those of us who are interested in life insurance work this is of great importance. We wish to be just to the applicant, and at the same time do our duty toward the company. The fact that a man has a murmur at the apex, of which he is entirely unconscious, whose heart is doing its work thoroughly despite the existence of the lesion, whose occupation is not of an adversely laborious character, who has passed the period of life when acute rheumatic affection is liable to stimulate into fresh and renewed activity the latent inflammatory products of an ancient endocarditis should be factors to guide our judgment as to the probabilities of the future, and prompt us in recommending for him a policy commensurate with the degree of cardiac insufficiency.

It should not be forgotten in this connection that a presystolic murmur does not always indicate the most serious of all lesions, viz: a mitral stenosis, nor has a so-called musical apex-murmur any particular significance in prognosis,

indicating, as it does, the passage of a stream of blood through a small aperture in the segment of a valve.

4. From the standpoint of longevity, aortic stenosis is a favorable lesion, and the writer must differ from some authors who state that it appears for the most part after middle life. It is found at that period when a man should be at the highest point of physical capability—between 30 and 50. It is true that it is frequently present as part of a general decay, and then develops in consequence of atheromatous changes taking place throughout the system, but it is more frequently present than has hitherto been suspected without such pathological manifestations being present.

5. Do not inform a young man between 18 and 25 that he has heart disease because you discover some hypertrophy with no complications, the result in most instances of active exercise. The writer knows of one individual whose heart is "athletic," a splendid specimen of manhood, whose existence was embittered by the thought of heart disease communicated by a careless and injudicious physician. In this condition, it is, of course, understood that a careful consideration will be given to a large number of causes, independently of diseases within the heart itself, which may produce hypertrophy, for example, that typical enlargement of the heart co-existing with an interstitial nephritis.

Never hesitate to ask a patient to return for further examination, as the condition then may be entirely different from the first examination. There are more snap "diagnoses" made in the realm of cardiac affections than in the study of diseases in any other portion of the body.

A CONTRIBUTION TO THE SYMPTOMATIC TREATMENT OF PULMONARY TUBERCULOSIS is the title of an article, *New York Medical Journal*, by Dr. J. R. L. Daly, New York.—The treatment of tuberculosis still remains to a great extent symptomatic. The experience of the author, in a hospital devoted exclusively to consumptives, showed three symptoms difficult to control, *viz* diarrhoea, cough and disturbances of the stomach. The two latter symptoms only are discussed in the article. The author refers particularly to that variety of phthisical cough which is hard, with but little mucus of a tenacious character and expectorated with much difficulty. This cough is persistent and exhausting and heretofore has been most intractable to remedies of all kinds. He now obtains good results from the use of a combination, in pill form, of camphor, creosote and heroine in the proportion of camphor, two grains, heroine one-twelfth of a grain and creosote, one drop. He adds the creosote on account of its quality as a disinfectant and deodorizer to the respiratory tract. While the small dose used exerts but a feeble action in this respect

he has refrained from using more of it because of its tendency to disturb the stomach. Heroine is added because of its well-known action in allaying bronchial irritation and regulating the respiratory mechanism by diminishing the frequency of respiration and increasing the volume of inspiration. Every one knows that camphor is a respiratory stimulant. He prefers to administer this combination in pill form because of the volatile nature of camphor, as well as the unpleasant taste of it and creosote when taken in solution. In the milder coughs he relies upon heroine alone but he has not found it sufficient in the severer varieties. The author cites six cases in point, for whom he had previously prescribed several different expectorants and expectorant mixtures, but none with the success which attended the administration of this combination. He believes the formula of heroine, camphor and creosote is without doubt superior to any he has ever used in the treatment of cough. In most of the cases in which the pill was prescribed the cough was of a very obstinate character, but he sees no reason why it could not be used in other cases of cough. He does not think it advisable to prescribe this pill in cases in which the stomach is disturbed.

The author thinks much benefit is derived from the use of the pill in cases of nervous depression so often found in those suffering from tuberculosis. When this nervous condition is combined with distressing cough, he believes the heroine, camphor, and creosote pill to be abosolutely the best prescription that can be used.

The disturbance of the stomach is the other symptom found so extremely difficult to combat in phthisical patients. In many cases this disturbance of the stomach is indirectly due to the cough, either by reason of the foul expectoration, causing nausea, or, in cases of severe cough, the effort required to expel the mucus, also causing vomiting. In this class of cases the logical treatment is to relieve the cough and no relief can be obtained from the use of remedies given for their local effect upon the stomach. When the cause is a local one, due to disturbance in digestion or ulceration he believes bismuth, owing to its astringent and sedative properties, to be the best remedy of those in use, particularly if employed in combination with others, each being given for some particular effect. That which has given the author the best results is one having the following formula :

R	Bismuth subnitrate	-	-	-	15 grains
	Guaiacol carbonate	-	-	-	1 grain
	Heroine	-	-	-	$\frac{1}{2}$ of a grain

Heroine has been selected as one of the constituents of this formula, because he has found it to be possessed of some analgétic power; the guaiacol carbonate, because in small doses it has a tonic effect upon the stomach, and facilitates the proper action of that viscus. He has used this formula in about forty cases and in every case in which this tablet was prescribed, when the cause of the disturbance of the stomach was a local one, the result obtained was entirely satisfactory, relief from the nausea and vomiting being afforded after the use of from four to eight tablets, one being given after each meal.

In the use of this tablet care must be taken to prevent constipation which the bismuth may produce.

If the nausea and vomiting are due to diseases of other organs, such as nephritis and cirrhosis it is of little use to prescribe local medication as the relief obtained is slight and lasts only a short time.

The Surgical Treatment of Puerperal Sepsis.

The marked differences of view held by obstetricians and gynecologists as to the question of operative treatment of puerperal infection are in no way due to confusion over what may be the proper surgical procedure in a known pathological process, but to a want of diagnosis. There might be no opposition to the question of hysterectomy for the uterine body and adnexa which are filled with many pockets of pus that cannot properly drain into the cavity of the organ; nor for free puncture and drainage of purulent infiltrations of the broad ligaments and neighboring parts; nor to flushing and drainage in certain conditions of peritonitis; but the worry of the profession at large is to know when these conditions exist. In truth, it is the worry of the operators, who would be leaders as well. The most remarkable feature of present writings on this question is not what is said, but what is not said, in the arguments brought forward. There is a constant suggestion of the old nursery sayings, such as "First catch your hare" and "You can easily catch a robin if you only put a little salt on his tail." Operate, yes; but when? In certain forms of infection speed is objectionable, *i. e.*, the infiltrating cellular variety: in another form delay is fatal to success, the *foudroyante* type, in which the germs fly like winged messengers along the tracts of the lymphatics or veins.

It is a very small per cent of cases of puerperal infection that ever requires operation, therefore, it is a very small per cent. of cases on which we operate in which the diagnosis is actually made before the exploratory incision is made. We come, then, to the question of whether an exploratory in-

cision in cases suspected of being in need of operative measures will be so free from danger as not to produce a greater mortality than follows in cases treated by non-operative methods. This question is not being treated as fairly and impartially as it should be. There are a number of physicians, more gynecologists than obstetricians, who have had relatively little experience in treatment of infected cases by non-surgical measures and have not, therefore, a proper sense of the conservative tendency of these cases to recovery, who discuss the needs of operation in isolated sample cases, and to the satisfaction of all in this respect, but who do not weigh the dangers from operation in their true balance against all cases. Nor are they at all clear in determining how to make the diagnosis. To undertake to forestall the general distribution of streptococcic infection is most desirable, but are we to operate every time we think a case is moving to such a form? We have had many cases that so threatened which did not become systemic, and if we had operated we might easily have increased the mortality instead of preventing it. To the obstetrician, who treats his cases carefully, as in a large hospital service, who has every opportunity to watch them in all their varying moods, two views are forced upon him—that very few cases prove the need of operation, and, that the argument of the bed-side is strong for conservatism. The most crying need of the hour is differential diagnosis. Examinations of the vagina, cervix, and secretions as the uterus and vagina for exact bacteriological knowledge of the infection, when made promptly with the beginning of symptoms, will enable us to check many cases by direct local applications. An exact knowledge of the character of the labor through which the patient passed will help in learning of actual conditions. Thus some cases suggest the presence of thrombi in the sinuses because the patient had an exhaustive labor with hemorrhage from the placental site and final cessation of the bleeding through general circulatory weakness; or she had prolonged stasis of the head at a given point which suggests possible necrosis of a small part of the uterus with underlying germ growth in the line of separation, or she had become very edematous before delivery, with dryness of the vagina and vulva, a condition bringing the tissues into a most favorable condition for infection and its rapid extension; or she has had secondary post-partum bleedings with probable formation of blood-clots in the cavity which may not be expelled until they have softened by decomposition. All such conditions indicate the lines of surgical treatment and are very helpful to diagnosis when known. There is a great field here for further investigation as to the individual behavior of the several germs which produce infection. Our present knowledge is very limited,

considering the importance of the field. We need reports of a thousand cases of gonorrhreal infection alone, of the streptococcic infection, and of each of the others, and also these in combinations, with extended study of their characteristics. Such cases in large numbers will, in all probability, bring out many little peculiarities of habit and idiosyncracy of the several tribes of microbes. We will have such information ere long, for many obstetricians are accumulating such data. We have tried to conquer puerperal infection by a master-stroke; we have tried to treat it specifically by a number of remedies, and they have all failed us. We may find a specific, but our present duty and opportunity is to accumulate all possible data of exact reports of many cases of infection.—*Obstetrics.*

DIPHTHERIA ANTITOXIN.—McCollona's article shows the effects of the antitoxin treatment in several cities, the ratio of morbidity from diphtheria in Boston and the percentage of mortality by age in London and in Boston. His conclusions from the observation of nearly 8,000 cases are as follows: 1. That the ratio of mortality of diphtheria per 10,000 of the living was very high in Boston previous to 1895. 2. That the ratio of mortality per 10,000 has been very materially reduced since the introduction of antitoxin. 3. That the percentage of mortality in the South departments is lower than that of any of the hospitals taken for comparison. 4. That since larger doses of antitoxin have been given the death-rate has been materially reduced, this reduction having occurred in the apparently moribund cases. 5. That no injurious effect has followed the use of the serum. 6. That to arrive at the most satisfactory results in the treatment of diphtheria antitoxin should be given at the earliest possible moment in the course of the disease.—*Journal American Medical Association.*

ECLAMPSIA WITHOUT ALBUMINURIA.—Bouffe de Sainte-Blaise read a paper on this subject at the recent International Congress, in which he states that we usually depend upon the presence of albumin in the urine as a premonitory sign of eclampsia.

He has seen three cases in which albuminuria was absent not only before but during and after the convulsions, save that one of the women presented a trace of albumin before death. The other two cases presented evidence of general intoxication, and the urine was loaded with biliary products.

Cases of this sort, while rare, appear to show that the renal lesions of eclampsia are necessarily secondary, and may therefore be absent. We must not depend upon the presence or absence of albuminuria as an absolute prognostic sign, but

bear in mind evidences of hepato-toxemia as well; and whenever any of the latter develop we must hasten to place the patient upon the milk diet, just as we do when we find albumin in the urine.

In discussion, Bar called attention to the possibility of the existence of aceto-soluble albumin in the urine of the essayist's three cases.

Budin stated that eclampsia may exist not only without albuminuria, but also with no convulsions—the so-called eclampsia.

Pinard agrees with the essayist that his cases proved that the liver, not the kidney, is the seat of primary mischief in eclampsia. In regard to the allusion to aceto-soluble albumin, he called attention to the fact that the labors of Gonget had exploded the old theory of Semmola that Bar had sought to apply in connection with the essayist's cases.

Pinard stated further that in women dead of eclampsia we always find lesions of the liver, while albuminuria may sometimes fail.—*Obstetrics.*

INTRASPINAL COCAINIZATION.—Goldan reports experience and operations of this method from the standpoint of the anesthetist. He thinks more fluid, if anything, is injected than is lost by the puncture. He sees no special advantage in obstetrics over chloroform, and thinks it has been used needlessly in many minor cases. He notices inconvenient effects and warns against puncture of the spinal cord, which he thinks may be dangerous, and an accident of this sort should be carefully avoided. The symptom of shock is very pronounced in these cases, and its intensity can only be compared with profound chloroformization. He sees no advantage in the matter of speed in the operation, and many disadvantages, and asks in conclusion, whether the use of the method may not be a step backward rather than forward.—*Journal American Medical Association.*

MENTAL SANITATION.—Smith (*The Canadian Journal of Medicine and Surgery*, December, 1900), calls attention to the marked influence which heredity has in producing insanity, and charges that much of the so-called literature of the present day conduces to an unsettled mental state. He concludes as follows: 1. The public should be enlightened with regard to the nature of insanity in order that they may properly estimate the influence of heredity as the most potent factor in the causation of disease. 2. As a preventive measure the public should be taught that as the development of the morbid disposition is most insidious and is seldom recognized until late, the consideration of the family and

personal history of the individual should demand and receive early and careful attention. 3. There must be full recognition of the invariability of individuals for bearing burdens and enduring strains. 4. Many cases of insanity are justly chargeable to the imposition of burdens beyond the capability of the individual. 5. The prevention of insanity is not promoted by merely studying the phenomena of the disease. 6. Public sentiment must be enlightened before any restrictive measures can be beneficially enforced. 7. If the conditions under which many cases of insanity originate were properly understood, many attacks of the disease might be avoided. 8. The study of child character and the careful consideration of the variability in the development of mental phenomena during the period of growth in the child are all important. 9. The steps necessary to secure the adoption of these and all other precautionary measures must first be taken by the family physician, who in the future must be prepared to advise, caution and restrain in exercising his influence in the prevention of mental diseases. 10. The burden must be adjusted to the capacity of the individual in order that it can always be carried in safety when this is possible; and when it is not possible that the line of descent of every such defection shall terminate with the individual himself.—*Philadelphia Medical Journal*.

How to Vaccinate.

Site.—The insertion of the deltoid in the left arm is to be preferred in children who are old enough to walk, and in adults. The outer side of the thigh below the junction of the lower and middle thirds is a site frequently chosen in women and infants, sometimes also the junction of the middle and upper third of the leg on the outer side.

Asepsis.—The hands of the operator had best be thoroughly scrubbed with soap and water before undertaking this little operation. Wash the part to be vaccinated thoroughly with a brush and soap and water, then with plain water, lastly with alcohol on a piece of sterile gauze or cotton; allow the alcohol to evaporate.

Scarification.—Scrape a surface not over $\frac{3}{4}$ of an inch in diameter, so as to bring a little blood or serum. An ordinary cambric needle is the best scarifier. It should be passed through a flame or boiled before using.

Virus.—Use perfectly glycerinized virus; rub it thoroughly into the scarified area with a small piece of wood which has been previously boiled. The hand of the operator should not touch that portion of the instruments which is to come in contact with the wound. Allow the part to dry in the air; no dressing is necessary.—*Pediatrics*.

EDITORIAL.

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THE MISSISSIPPI STATE MEDICAL ASSOCIATION.

In this issue of the *Record* appears a communication from Dr. H. A. Minor, Macon, Miss., President of the Mississippi State Medical Association. While Dr. Minor is advanced in years he is an active worker in every thing that tends to advance the interests of the medical profession of his state.

Truly this Association begins a new century under the most favorable conditions, and it should now grow in strength and influence as it has never done before. A few years ago it passed through an ordeal that fully tested its capacity of endurance. It survived the test and has taken a new lease on life. It is no longer rent by internal strife but its membership is a unit in every movement looking to the advancement of the profession's interest. We do not believe there is a member who would not willingly and gladly sacrifice any personal aspirations for the sake of the Association. It is now an Association where the young and the old meet on a common plane as friends and as brothers striving for a common end.

In the language of the *Journal of the American Medical Association*, the century "just closed has been without parallel in the world's history in its material and scientific advances, and our science and profession have not been the least sharers in the progress. The surgery of the beginning of the 19th century, as a distinguished authority has said, was nearer to that of the times of Hippocrates than to that of the present day, and the same is little less true of medicine in general and its related sciences, though the fact may not be so immediately apparent. In no corresponding period of

the world's history as we know it, have there been so many epoch-making discoveries and so marked a general advance.

The medicine of 1800 was hardly less antiquated than its surgery, when compared with that of the present day, and this difference is not a matter of fashion or convention, but a scientific advance that stands the tests of time and experience. The marked prolongation of human life at the present time over that of the 18th century or the beginning of the 19th, is of itself ample proof of the advance of medical science to which the science of hygiene owes its growth.

There is still another side to the shield, however; with all the progress of the past and present, there are still the old problems of death and disease to be met by our profession some that are brought before us by the special conditions of our modern civilization. The world has, in a sense of the term, grown smaller and to the diseases of civilization through the increased and universal facilities of intercourse we have to meet those of barbarism also. At the present time we are in the presence of a pandemic of plague, which has already invaded regions where it possibly was never known before, and we do not yet know what the outcome may be, though we do not fear the repetition of the wholesale epidemics of the past. There is occurring, apparently, a recrudescence of leprosy that threatens civilization, and it is to be expected that other disorders may extend their range and call for our serious attention if they do not materially affect our mortality rates.

What will be the problems and achievements of the coming century no man can prophesy and it would be rash to assume that equal progress will or will not be made. There are some who apparently believe that we shall solve all the mysteries of life, but they may be very much disappointed. What may be reasonably hoped for is a continuation of progress along the lines already opened, a greater perfection in technique, diagnosis and treatment, a widening of our pathologic knowledge, increasing acquaintance with the natural processes and remedies for disease, a better prophylaxis, and more than for anything else we should strive for a broader and deeper culture in our profession that will enable it not only to accumulate facts and originate theories, but to properly estimate them and utilize them.

That medicine starts in on the new round of years, greatly in advance of the position it occupied 100 years ago, is unquestioned. It has kept well abreast with the progress achieved in other fields of human endeavor. While marked by less productiveness and originality than in other countries yet American medicine during the 19th century has passed through a remarkable development fairly commensurate with

the marvelous material progress of this country. During the nineteenth century things were achieved in medicine that were unknown and undreamt 100 years ago. But there are abundant unsolved problems left for the twentieth century to solve, and in the lights of the century just ended it is permissible to predict that great revelations are in store. During the coming years the productive activity now apparent in American medicine is bound to increase. The opportunities for investigation were never quite as promising as now. A new spirit—the university spirit—is beginning to make itself felt and to direct developments in medical education, and a corresponding elevation of standards in all lines of work is already apparent.

While assured that American medicine in the twentieth century will take an active part in the advancement of medical sciences, the sociologic relations of medicine in this country offer problems of great importance. There is need above all things for a greater public faith in the teachings and the advice of the medical profession in matters relating to hygiene and to the prevention of disease. Hygiene should dictate to legislators and courts of law and not economic interests alone. ‘Unfortunately on the human race there still weighs that fate by which both preventable diseases and premature deaths, as well as duration of life itself, essentially depend on economic institutions.’ There is hope that the twentieth century may witness great improvements as knowledge is disseminated and the mass of the people learn to place confidence in medical teaching.

The medical college in the coming century will have to give more attention to the quality than the quantity of its output, if present signs are not misleading. Human nature will not change; there will still be deceivers and their followers, but this will only accentuate the demand for higher qualifications in our profession. The future of science is not in doubt; the world will not stop in its progress nor lose what it has gained, but the future of the medical profession is in its own hands and can only be assured by its living up to its higher ideals.”

If the profession of Mississippi is to keep pace with the march of progress, the Association must strain every nerve along lines dictated by common sense, tempered with prudence and reasonable conservatism. Organized medicine has made its influence felt in medical colleges and universities, and with an effort it can wield an equally potent influence in shaping the legislation of states and the nation. We desire to see the Mississippi State Medical Association, at the

beginning of this century that promises so much to scientific medicine, take its stand along side the strongest of such organizations in this Union. As suggested in Dr. Minor's communication, it can well afford to give four days to its meeting in May and make that, the first meeting of this century, the most memorable in its history. There are hundreds of young physicians in this state who should become members, and who doubtless would do so if the question was properly presented to them. That great number of old men who for years held aloof from the meetings of the Association can now return and take up their work, for what to them appeared a great obstacle has been removed, and they will now find at the meetings, as of yore, a body of earnest, intelligent, scientific workers.

We commend Dr. Minor's communication to the consideration of each and every physician in the state.

PRELIMINARY EDUCATION FOR MEDICAL STUDENTS.

Medicine is one of the most comprehensive, difficult and intricate studies in which a person can engage. Without a preliminary mental or educational training, it is next to impossible to master it. Many of our medical colleges recognizing this fact, make certain requirements of students preparing to enter, and, in good faith, enforce these requirements. Other medical colleges only make pretenses along this line, and admit to their classes young men who could not, if their lives depended upon it, write a correct English sentence. These young men continue and comply with the requirements as to number of medical courses, and graduate. They then go before State Examining Boards where written examinations are required and almost invariably fail to pass such Boards. Their friends think because they are graduates they ought to pass, and when they fail they charge such failure to the Examining Board, and the laws regulating the practice of medicine are made to suffer.

In a well written editorial the *Pediatrics*, on the subject of "Classical Education for Medical Students," says :

"There is a growing tendency to regard Latin and Greek as not essential to medical studies and to deplore the time spent in their pursuit. It is said that for one intending

to become a physician the time might be more profitably spent in the study of modern languages and scientific studies closely allied with medicine. This would certainly be in part true if one intended becoming a physician alone and did not contemplate filing a dignified position in society in general. Again, does one know whether he is going to pursue medicine from the commencement of his college course? Is he then capable of judging what profession he intends to follow? Is it not better to acquire a thorough general education first that so important a decision can have something more than a sentimental basis? Abandonment of the classics and pursuit of collateral sciences with the addition of the study of modern languages might seem more valuable from a purely utilitarian stand point, but would probably be narrowing in the end. We suspect that some of this opposition to the study of the classics comes from those who, being thereof, are hardly capable of judging.

A smattering of Latin and a knowledge of the Greek alphabet certainly cannot be of much service in training the mind. Such knowledge is quite useless and only tempts some to use words with which they are unfamiliar and to write prescriptions in a tongue they know not. If classics are studied, let them be thoroughly studied and let Latin feminine plurals to Greek neuter-nouns and mistakes in gender and genitive cease to bring discredit upon many of our otherwise excellent standard text-books. The sciolist who tries to write his prescriptions in Latin may fool the ignorant but pains those who really know. Let us have good Latin or good English. Anatole France in the Paris *Annales Politique et Litteraire* in deplored the passing of the classics, says:

'I bear a desperate affection for Latin studies. I firmly believe that without them the beauty of the French genius is done for. All those of us who have thought somewhat vigorously have learned to think from Latin. I do not exaggerate when I say that ignorance of Latin is ignorance of the sovereign clearness of expression. All languages are obscure beside Latin. The literature of Latin is more adapted than any other of the cultivation of the mind. In asserting this, I am not deceiving myself regarding the scope of the genius of the compatriots of Cicero; I see their limitations. Rome had simple, strong, but few ideas. But it is for this very reason that she is an incomparable educator. Since her time humanity has conceived more profound ideas; the world has had a new shudder at the contact with things. But it is also true that, to arm our youth, nothing equals the power of Latin.'

Now open the histories of Titus Livy. There everything is well-ordered, lucid, simple. He is not a profound genius;

he is a perfect pedagog. He never troubles us; but how logically he thinks! How easy it is to explain his ideas, to examine each part separately and show its relation to the whole! This in regard to form. As to content, what do we find there? Lessons in courage, in devotion, in worship of ancestors, in the cult of fatherland. Here is a true classic! I speak not of the Greeks. They are the flower and the perfume. They have more than virtue; they have taste. I mean that sovereign taste, that harmony which is begotten of wisdom.' "

THE EXAMINATION OF PUBLIC WATER SUPPLIES.

The *Philadelphia Medical Journal* in a recent number briefly discusses this subject. It says:

"It has not been long since the commonly accepted theory was that the purity of any source of public water-supply might be definitely and finally determined by means of a single chemical analysis. There are not wanting official reports in which after consideration of the probability of water pollution the subject has been set aside with reference to the report of one analysis by some prominent chemist, the results of which have been negative. It may seem a harsh judgment to express, but it is highly probable that in some instances expert chemists, being asked for the results of their examination, have simply given them, without explaining to the official bodies that said results were in no wise valuable in and of themselves, but should be considered as but one link, and an important one at that, in a long chain of necessary evidence.

Gross pollution of a certain sort is certainly discoverable by means of chemical examinations. The chemical examination is a process which should never be omitted in any investigation of a water-supply. It is, however, of much less import than continuous daily examinations of the water by modern bacteriologic methods, and both chemical and bacteriologic methods are of much less value than the naked-eye examination of the original sources of supply and the methods of conduction and distribution.

The reason for the comparative values of these methods is to be found in the fact that the condition of the water-supply on one day is no index of what it may be upon subsequent days. The daily variation is influenced by conditions existent upon the water-shed, at or adjoining the sources of supply and near or surrounding the system of conduction and distribution. All of these conditions are rarely opera-

tive at one time or in any regular sequence. Only the intelligent inspection of the actually existing conditions can give even an approximate idea of when or how these conditions may come into play and so influence the supply. The bacteriologic daily examination may often succeed in detecting the changes in the purity of the water after the causes have become operative. In this manner the examination may give the clue which will lead to remedial measures after the damage has been done. But perfect knowledge gained by the naked-eye inspection might have prevented the actual occurrence of the pollution.

It seems but a small requirement to put upon those responsible for municipal or private control of water-supplies that the water-sheds should be effectually and continuously policed to prevent gross contamination by drainage, sewage, or by refuse thrown directly into water courses; to add to this the daily bacteriologic examination of the waters as distributed to the general public and the establishment of certain standards above which contamination may not rise without causing public notice and warning to boil the water before it is used. The latter possibility will be practically eliminated in cities that provide efficient filtration through sand filter beds, although these need careful scientific supervision in order that the best results may be obtained."

The water-supply of the City of Vicksburg is, putting it mildly, bad. An efficient filtration would probably give the public good water. It is now distributed to the consumers as it comes from the river, and, at times, it is not only unfit for drinking purposes but for any other purpose. The Vicksburg Medical Association would do well to take the matter up and make such examinations as are necessary to determine its true condition, and present it to the people of this community in such unmistakable terms as will arouse them to a sense of their danger. It seems nothing short of this will make the company that is supplying the water understand their obligations to a people from whom they are extorting money without a consideration. If the present company cannot supply the city with, at least, apparently clean water, it should turn the business over to some one who can and will do it—some one who will supply water that will require more than a naked-eye examination to determine its impurity.

THE RELATION OF INFANTILE SCURVY TO DIET.

At a recent meeting of the New York Academy of Medicine, Dr. Griffith of Philadelphia, (*Archives of Pediatrics*) presented a paper on the above subject. The Statistics of the Collective Investigation of the American Pediatric Society together with his own experience had convinced him:

1. That the use of proprietary infant's foods was a powerful factor in producing the disease.
2. That the use of food containing unconverted or converted starch had a decided influence in many cases.
3. That the cooking of the milk exerted a positive influence in many cases. This last point had, however, to be accepted with certain reserve, since in so many instances reported we do not know how the sterilized milk mixture was prepared. A faulty per centage proportion was probably the cause in many of them, and not the sterilization.
4. That there is no one food which can be regarded as the one cause of scurvy. What agrees with one child may cause the disease in another. The individual susceptibility towards a certain diet is a prominent factor never to be forgotten.

He also spoke of the advisability of administering orange juice before making any change in the food.

In discussing this paper, Dr. Joseph E. Winters expressed the opinion that the medical profession was responsible for the persistent and disastrous use of proprietary foods and of methods of infant feeding directly at variance with our present knowledge of the infant's requirements. Of course the ideal food for the infant is the mothers milk. The cows milk is the best substitute. Given raw, this is unsafe, because it is practically impossible to obtain it free from pathogenic bacteria. To boil it, causes chemical changes which renders it less nutritious, and it is claimed by some that the prolonged use of boiled milk will itself produce scurvy. Dr. Freeman says that pasteurization at 68° C. (155° F.) for thirty minutes destroys most of the bacteria including those of tuberculosis, typhoid fever and diphtheria and causes practically no chemical change in the milk, not even changing its taste. Raw milk is unsafe and between boiling, which injures the milk and pasteurization at 68° C. (155° F.) which does not, we should choose the latter.

QUARANTINE OFFICIAL IN SAN FRANCISCO.

If there is a person in the world who should not be envied it is a quarantine official. We have commended Dr. Kinyoun of the Marine Hospital Service in the courageous performance of a disagreeable duty as quarantine officer at the port of San Francisco. We believe that Dr. Kinyoun is a capable and fearless official, and we want no better evidence of that fact than the railings of the press of the city of San Francisco, and its persistent demands for his removal. He is to-day the subject of abuse by a community that should be first in expressing the gratitude of this nation for faithful and efficient service in the face of dangers and difficulties that no one who has never experienced can fully understand. When we witness such hysterical displays as has been made the last few months by the people and press of San Francisco it makes a man have a kind of yearning for a government whose subjects know but to obey.

The Surgeon-General is now coming in for his share of abuse. The charge is that he has deliberately falsified an official record and suggests a congressional investigation. The writer of this is not an admirer of Surgeon-General Wyman but he does not believe he would falsify an official record and from what he knows of the man it is believed he will stand firm in the support of his subordinate, Dr. Kinyoun.

THE NEW YORK STATE JOURNAL OF MEDICINE.

This is a monthly publication of the *New York State Medical Association*, and will take the place of the annual volume of *Transactions* of that *Association*. It will be published on the first of each month and "aims to be a direct medium of communication between the members of the Association, and to widely disseminate Association news."

We shall watch, with a great deal of interest, the progress of this new publication. It has been our opinion for several years that each State Medical Association should publish a monthly *Journal* instead of an annual volume of *Transactions*. It is economy to do it, and it keeps the members in closer and more constant touch with each other. So thoroughly impressed were we that this was the correct

method of publishing the transactions of Associations, that we urged the plan before the Mississippi State Medical Association, and in 1898 it was adopted. The plan was not popular with the members of this *Association*, and after a trial of two years it was abandoned; not because of financial considerations, but for other reasons. When the Mississippi State Medical Association adopted this method in 1898 it was several hundred dollars in debt; when it abandoned it two years later it had several hundred dollars in its treasury. The members, though, could never be made to realize that it was their journal, they were not active in its support, they complained that they could not avoid loosing copies and on this account could not keep a complete file of the *Transactions* of the Association. They also argued that papers published several months after having been read before the Association had lost in interest, and complained of discrimination in favor of those who appeared first.

We trust that it will be different with the journal of the New York State Medical Association, as we believe it can be demonstrated that this is the correct method of publishing the transactions of State Associations. The editor of the *Journal* thinks that "this undertaking marks a distinct era in the affairs of a state medical organization. That it will meet with immediate recognition there can be no doubt." Continuing, he says: "The example should be followed by every State Medical Association in this country. Every member of a live organization, whether lay or medical, should be in close touch with the aims of that body. He should feel himself a vital part of it; should work for its interests; should raise his voice when occasion demands for all that is best and progressive. The members of the New York State Medical Association now have this opportunity placed before them."

The subscription price of the *Journal* to those not members of the Association is \$3.00 per year.

THE PHILADELPHIA MEDICAL JOURNAL.

With the January 5th issue a change in the editorial staff of this deservedly popular journal occurred.

Dr. Geo. M. Gould, the former editor is succeeded by Dr. James H. Loyd as editor-in-chief and Dr. J. L. Salinger

as associate editor. These gentlemen will be assisted in their editorial work by the following able corps of assistant editors: Drs. Joseph Sailer, D. L. Edsall, J. M. Swan, F. J. Kalteyer, T. L. Coley, W. A. N. Dorland and J. H. Gibson. Drs. Sailer, Edsall and Swan of this staff were formerly on the staff of collaborators of the *Journal*.

The *Philadelphia Medical Journal* is one of the best and most popular medical weeklies in America and we have no boubt but that its high standard will be fully maintained.

SMALLPOX.

The *Journal of the American Medical Association* says that "a Brooklyn (N. Y.) homeopath, one Dr. Montague Leverson, is reported to have advised anti-vaccinationists to shoot down any one trying to vaccinate them or any member of their families. While the individual seems to be a general "auntie," and his influence is lessened to some extent as this fact is commonly appreciated, yet such advice is liable to create trouble when given to ignorant and fanatical people, and cannot, therefore, be condoned on any claims of the giver's irresponsibility. A still more serious matter, if true, is his statement publicly made, that he had attended thirty cases of smallpox, some of them of the most virulent nature, without reporting them to the Board of Health. If he did this he is more than a blatant nuisance, he is a living danger to the community, and needs the earliest possible attention on the part of the criminal courts. A man who goes about endangering the lives of those who come in contact with him by carrying infection of a loathsome and fatal disease, who, by his concealment of facts, prevents the individuals and the community from protecting themselves from the same, and who further does all he can to advocate the neglect of all public precautions, is a public enemy. We may, perhaps, try to consider him a fanatic and therefore only a dangerous fool, but if the criminal law cannot touch him the lunacy law should; in any case, his mischief-making should be stopped. There are too many such individuals

extant, and it is possible that a dose of the criminal law would be the best prophylactic, if not cure for this kind of lunacy."

The *Journal* should be commended by every intelligent physician for this strong and decided stand against a policy that has been the curse of this country the last few years. Too many physicians, not only in Brooklyn but all over the country, are perfectly indifferent as to the results that may follow a careless method in dealing with contagious diseases. It is not confined to homeopaths, but there are physicians of every school as guilty as this Brooklyn homeopath. We do not believe it is due to ignorance, but to selfishness. Many think such a course popular and do it in order to increase their practice. Many are influenced by commercial interests; they pretend to fear that publicity given to such diseases injures their town in a commercial way. This is especially true of yellow fever, the concealment of which is just as reprehensible and possibly more dangerous than the concealment of smallpox, or diphtheria, or scarlet fever. Just such methods as was practiced by this Brooklyn homeopath are responsible, in a large measure, for the extensive prevalence of smallpox in the United States to-day. The question is a serious one and observant sanitarians have regarded it as such for several months past. The disease is growing in malignancy everywhere. In some sections in this state the mortality is 85 per cent. It will probably continue to grow in malignancy and within the next two or three years become epidemic throughout the entire country. Vaccination and re-vaccination may modify it, but we do not believe it will avert an epidemic. The infection is so general and so wide-spread that it will take months and possibly years before the country is again free from the disease. This is not pessimism, but it is the only logical conclusion that any intelligent sanitarian can reach. We reiterate, the smallpox situation in the United States is a grave one and one that should elicit the most careful consideration by health authorities everywhere.

THE DEFEAT OF THE OSTEOPATHY BILL.

"The bill to regulate the practice of osteopathy in the State of Georgia was defeated in the senate by a vote of 18 to 19, a constitutional majority being required for its passage. The defeat of the bill means that the Governor's veto last year has been sustained by the General Assembly, and that this State is not to be included among those in which the official imprimatur has been placed upon a raw and crude quackery. The history of civilization has shown the rise and fall of numberless fads in the treatment of disease, and the same phase of human nature which rendered man gullible in the past persists and will doubtless extend into the future. The argument that overcomes them all is the fact that disease is not a fixed condition nor does it arise from one common cause, and hence he who essays to arrest its course or prevent its occurrence must have many and varied means of so doing—must play on stops of various quills. There is no all-healing plant, there is no opopanax for the healing of the nations. This is inexorable logic and one that is sure to cause the overthrow of any system which pretends to meet and fight disease with one weapon. We may never find the solution of the problem that concerns the arrest of that decay which surely fastens upon every created thing. All that lives must die, passing through nature to eternity, and seekers after the truth may find it in the general eclecticism that utilizes all obstructive and corrective agencies, and the clear path of progress stretches away in the elaboration and elucidation of these agencies. Every creed and cult and sect that is controlled by a single idea may be properly relegated to the limbo of the utopian and the useless.

It is hoped that we have seen the last in this state of this particular claimant of popular credulity."

The above was taken from the *Atlanta Journal-Record of Medicine*, and is a sad commentary on the grand old state of Georgia. A few years ago the physicians of that state, by hard work, succeeded in having enacted a law regulating the practice of medicine. It was stated at the time that a year or two before this law was passed, during one year six hundred incompetents, men who had been rejected by boards of other states located in Georgia. We imagine that state will now become a rich field for the operations of osteopaths and the next few months will witness a great influx of these quacks.

MEDICAL NEWS AND MISCELLANY.

DR. SAMUEL FLOERSHEIM, 218, 46th street New York City is preparing a second paper on "The Use of Suprarenal Capsule in Organic Heart Disease," and requests our readers to send him reports of their cases as follows:

1. The condition of the heart and pulse and pulse rate.
2. The effect on the heart and pulse and pulse rate within ten minutes after the suprarenal powder, three grains, is chewed, and swallowed without water, by the patient.

The first paper of Dr. Floersheim will be found in *New York Medical Journal*, October 6th, 1900, pages 581-585.

DR. C. P. WERTENBAKER of the Marine Hospital Service has been ordered to Fontainebleau, Miss., for special temporary duty.

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The word Listerine assures to the Medical Profession a non-poisonous antiseptic of well proven efficacy; uniform and definite in preparation, and having a wide field of usefulness.

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PERFORATION OF THE INTESTINE AND ITS ANNEXES IN TYPHOID FEVER AND THEIR SURGICAL TREATMENT. Mauger (*Gaz. des Hop.*, Nov. 4, 1900,) speaks of the extreme gravity of perforation in typhoid fever and of the inutility of medical measures, and strongly urges surgical interference. Ignoring those cases of perforation secondary to suppuration of a lymph gland or due to an abscess, the lesion always occurs from within outward, *i.e.*, from the mucosa toward the serosa. It occurs in 2 or 3 per cent. of all cases and usually about the third week, though it is met with both earlier and later, even during convalescence, and generally in adult males. Its onset is usually abrupt. It is most frequently met with in the last 60 cm. of the ileum, though rarely in other parts of the small or large intestine, and has even occurred in the stomach. It must not be forgotten, too, that the appendix is sometimes the seat of the trouble, or possibly a Meckel's diverticulum. There may be multiple perforations, though that is rarely the case, but when more than one is present it necessarily complicates matters very much. The perforation is usually a small one and only seldom is so large as to render its repair difficult. Recovery without operative intervention is extremely rare, as time is seldom given for the formation of adhesions, and such favorable conditions are met with almost solely in the case of the appendix or the large intestine. He then touches on the diagnostic points, such as sudden onset of pain, distension, increased tension of muscular wall of abdomen, especially a localized tension, a customary fall of temperature, often constipation, retention of urine, and, an important physical sign, obliteration of the liver dulness. When such signs are present, operate at once. No other treatment is of any value. The only cases which do not present above symptoms are the adynamic ones, in which the condition of the patient precludes it.—*International Medical Magazine.*

A VALUABLE HYPNOTIC.—Every progressive physician recognizes the necessity of overcoming the insomnia attending certain diseases. At this season of the year, when pneumonia is so prevalent, probably nothing will so satisfactorily relieve the distressing symptoms of sleeplessness as Bromidia. By the use of this reliable preparation we can obviate the effects of losing sleep, and at the same time feel that the heart's action is unimpaired, a dire calamity in a pneumonic process.—*Vermont Medical Monthly.*

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The taste is concealed by the coating of glycerine—even the taste is kept, though concealed.

The oil is a mist; the invisible drops are coated with glycerine; hence no taste of the oil—as quinine pills are coated with sugar or gelatine.

Cod-liver oil, in a mass, is a nasty mess, and a stomach-disturber; in Scott's emulsion, palatable and a stomach-restorer.

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Grippal Medication Simplified.

The large and increasing number of deaths, especially among our prominent men, due primarily to the prevailing epidemic of La Grippe, and the serious illness of President McKinley from the same cause, impresses us with the advisability of calling the attention of our many readers to the really excellent remedial qualities of the different products of The Antikamnia Chemical Company in the treatment of this scourge and its many insidious allied diseases. For the purpose of reference, we append a list of their various preparations, viz :

- Antikamnia Tablets.
- Antikamnia & Codeine Tablets.
- Antikamnia & Quinine Tablets.
- Antikamnia & Salol Tablets.
- Antikamnia Powdered.
- Laxative Antikamnia Tablets.
- Laxative Antikamnia & Quinine Tablets.

The last mentioned is a new and without doubt a most desirable combination in the above complaints and also in all malarial and congested conditions.

HAGEE'S Cordial of Cod Liver Oil with Hypophosphites of Lime and Soda is the remedy for Grippe. It restores health, and has the further effect of curing the disagreeable post-grippal symptoms so often seen. Thus, night sweats, loss of weight, and the entire train of nervous symptoms, such as intestinal neuralgia, headache, brain fag, eye strain, etc., quickly yield to its action. It is pleasant to take, efficient in action, and a great builder of all the tissues.

DURING the year 1900 there occurred in the State of Ohio 2,696 cases of small pox. The disease appeared in 172 communities in 62 counties.

DR. R. FRANKLIN NIMOCKS has removed from Vosburg to Poplarville, Miss.

DR. M. L. TALBOT, for the last year in the Quarantine Service of the Marine Hospital at Ship Island, Miss., is now at his old home in Cash, Miss.

THE State Board of Health of Iowa refused, on December 29th, to issue a license to an osteopath who was a graduate of Still College of Osteopathy, Des Moines. It has also declined to grant licenses to practice to graduates of schools of the same character at Quincy, Ill., and Kirksville, Mo.

OUT of 114 counties in the State of Missouri, 96 report smallpox. The State Board of Health asks for a special appropriation of \$25,000 to assist in stamping out the disease.

DR. W. P. GATLIN died at his home in McComb City, December 18, aged 37 years. Dr. Gatlin was well known to the medical profession of this state. For several years he was one of the leading members of the Mississippi State Medical Association, and until the last two or three years, when his health began to fail, was an active worker in that body.

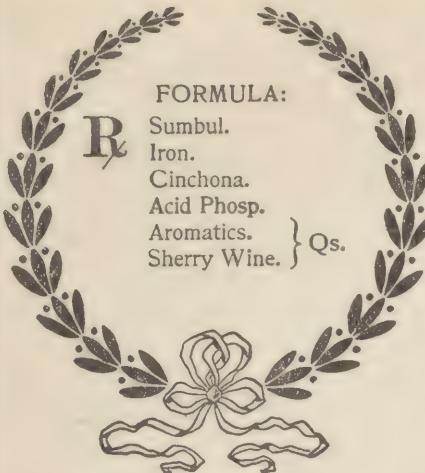
A MAGNETIC HEALER of Molaine, Ill., was fined \$100.00 and costs on December 21, for practicing medicine without a license. He refused to pay the fine and was committed to jail.

IT IS said the smallpox situation in Galveston, Texas, is alarming. Dr. Wilkinson, the City Physician, is urging vaccination. He says the disease was brought to Galveston by the influx of a large number of country negroes.

THE Medical Society of the County of New York has begun a crusade against unlicensed practitioners. This Society claims that there are many irregular practitioners who practice in open defiance of their law regulating the practice of medicine, apparently without molestation.

DR. EDISON, of Brooklyn, N. Y., was recently fined \$250.00, or three months in jail, for practicing medicine without a license.

AN epidemic of influenza is now prevailing in New York. It is estimated that there are at present 70,000 cases in the city.



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Mississippi Medical Record.

VOL. V.]

MARCH, 1901.

[No. 3.

ORIGINAL CONTRIBUTIONS.

A RESUME OF RECENT ADVANCEMENTS IN RECTAL SURGERY.

BY JOHN L. JELKS, M. D., MEMPHIS, TENN., CONSULTING SURGEON TO THE SHELBY COUNTY POOR AND INSANE ASYLUM AND PROCTOLOGIST TO THE SAME.

This is indeed an age of progress, of decision, and of action. The surgeon of America, unaided by governmental favor has, I believe, won the praise of man wherever found in civilized lands, for his wondrous ingenuity, pluck and progressive spirit. Twelve years ago my father remarked to me, "My son, you should rejoice that you were born in this age. The first amputation that I performed was some thirty-five years ago. The instruments and conveniences at my command were a bottle of whisky for my patient to drink, a

rope for a turniquet, and a butcher's knife, a meat saw and a hook made at a blacksmith's shop with which to catch up the bleeding vessels. Now you have your anesthetics, anti-septics, and your beautifully plated and polished instruments, also your nice dressings already sterilized, and your sterilizer with which to make them surgically clean. Yes, you should be grateful and proud that you were born in this age." So I am grateful, though my father would scarcely have believed that to-day would have marked the wonderful progress that it has. I refer to one field only, since within the province of this limited article I can scarcely do this one field justice. A brief time after this Howard Kelly, of Baltimore, Thomas Charles Martin, of Cleveland, J. Rawson Pennington, of Chicago, and several others devised valuable instruments and appliances which were contributed to this branch of surgery, so that to-day we are able to examine and treat diseases either of the rectum or the sigmoid flexure of the colon under direct ocular guidance, and thus a new and important work heretofore impossible is now being done, tumors and ulcerations are discovered, sections made for diagnostic purposes, and treatment more timely provided. Carcinomata and sarcomata are thus discovered in time to give the patient a choice of early operative interference and possible means of lengthening his or her life. The work in this region higher than the first six inches had been restricted to the use of bougies until the proctoscope and colonoscope were invented and their uses made practicable by means of our several devices for inflating and illuminating the bowel. Our brothers across the seas must come West to learn some of the arts which American ingenuity has added to the pressing demand. The most important of these recent advancements are those of Thomas Charles Martin, who in 1896, by means of the proctoscope which he invented, was enabled to verify the findings of Houston of the rectal valves and to demonstrate their causative relation to so-called constipation or more properly speaking obstipation, or, if you please, ob-stipated constipation.

Entering into the make up of these valves you may find mucosa, submucosa, circular muscular fibres, longitudinal

muscular fibres, loose connective tissue, ganglia, nerves and blood vessels. By means of the chair invented by the same author, the surgeon can with comfort and ease to himself and patient, make these high bowel examinations and perform needed operations, only made possible and comparatively safe by these contrivances. Suitable instruments in considerable numbers have been devised for this high work, the chief of which are long handled knives by Martin, and Pennington's automatic valve clip by which he is able to minimize the dangers of valvotomy, namely, hemorrhage and peritonitis, and secures the same results as with the knife or cautery by pressure necrosis. Numerous instruments and devices have been added for operating upon hemorrhoids, and new operations advised, among which is the powerful angiotribe, by means of which the tissue is crushed by a force of six thousand pounds, an instrument and procedure not without fond advocates; and while the author does not think the procedure is one corresponding with our most recent ideas of clean and accepted surgery, the inventor is commended for his originality and genius. Kelsey and Gant have invented clamps for cautery use, and Matthews, myself and others have contrived forceps for the ligature method. Pennington and Laws have devised proctoscopes very similar in purpose and effect, by which inflation and illumination is made possible without having the patient in the position of proctoscopy, or knee-chest posture. These are however applicable for diagnostic purposes only.

Among the valuable recent contributions to rectal surgery is that of George R. Fowler, who describes an improved technique in amputations of large rectal prolapse. Others also have described very similar operations which have been performed by themselves. The operation however which for this affection seems most in favor is that of opening the abdomen and suturing the bowel to the abdominal wall after it has been drawn open sufficiently to replace it.

Kraske's operation is an improvement upon the other methods, several of which have been devised for excision of rectum for carcinomata and sarcomata, but little practical advancement has been made in the treatment of this formidable affection so far as the ultimate results are concerned, and as

in similar conditions of the uterus, the pendulum has at last swung to the side of conservatism and palliative treatments.

This or any other operation upon the rectum may be performed under spinal analgesia. The operation proposed and performed by Dr. Pennington, of Chicago, for hemorrhoids is unique though fraught with great danger is being successfully done by himself. This operation is a daring modification of the old excision, time honored and time rejected procedure, and as I think, his technique will be.

He simply excises the top of the tumor and after curetting or cutting out angiomatic tissue allows the mucous covering of the tumor to retract into the former site of the tumor, and relies then upon the tampon devised by himself to control the hemorrhage and to wall off the field of operation from those most destructive of organisms to man, the colon baccillus and the streptococcus until plastic material has filled the former site of the tumor and formed an effective barrier to infection. The tampon before referred to is an ingenius device and is of the greatest utility when a tampon is required.

Formaline in rectal surgery, first I believe, put into general use by myself is a valuable adjunct because of its destructive action to the colon baccillus and streptococcus, which have for their preferred habitat the rectum. The action of this drug is most decided and lasts a long time. By its use perirectal abscesses, which heretofore were allowed to suppurate for days and weeks (then fifty per cent of these cases resulted in fistulæ), after wide incision, and thorough curettage, and formaline irrigation, a healthy granulating condition of the wound or cavity results and restoration soon follows.

Retrospective to the days referred to (twelve years ago) shows that little attention was paid to diseases of the rectum and sigmoid, whereas to-day the reflexes known to be referable to some rectal diseases or disorder are apparent to all. So manifest have these reflexes been and so intimately associated have they appeared to be with other pelvic organs than the one first affected that the author, three years ago championed the statement that the pelvic organs, their diseases and reflexes, were so intimately associated, their varied affections so inter-dependent that a confinement of any one's

work to any one special organ in the pelvis, ignoring the other viscera contained therein, could not at all times expect successful results from his work.

Illustrative and apropos he cited the fact that enlargement or irritation of prostate gland, irritability of the bladder, ovarian pains, urethral and appendiccael pains may be directly traceable to rectal ulceration or to inflamed hemorrhoids, while as Matthews relates, "An attempt to cure hemorrhoids while a urethral stricture, or a cystitis exists is fraught with greatest difficulties, if indeed the same is possible." In this article substantial reference was made to the anatomic contiguity, and specially to the ultimate nerve and vascular continuity.

Last but not least is the importance of rectal and colonic irrigation and the effects of water of varying temperature injected therein, upon the vascular system, and the use of this organ from which we may fill depleted blood vessels after hemorrhage, or dilute ptomaines in the blood with an antiseptic solution to such an extent as to enable the system to recover and combat an impending explosion of deadly toxins, a typical illustration of which latter is the effects of colonic flushings with salt or other antiseptic solutions in cholera infantum—or any form of intestinal auto-intoxication. Further its constant readiness as a receptacle for a distribution of saline solutions to overcome shock is not to be lost sight of and is one of our chief resources in medicine and surgery.

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LARYNGO-TRACHEOTOMY FOR FOREIGN BODY.

BY W. H. BARR, M. D., SURGEON AGRICULTURAL AND MECHANICAL COLLEGE, MISS.

Wash V., col., age 7 years, came to my office the morning of January 12th, stating that he had swallowed a piece of tin, a short while previous. Was having frequent and severe paroxysms of coughing, followed by expectoration of bloody mucus, without any interference to breathing. After a thorough examination of his throat no tin could be found. I dismissed him, with instructions to return in a few days. On the 15th, three days afterwards, he reported again in my office. Had no cough, respiration normal, no sign of a foreign body in air passage. I instructed the mother to return, should he have any more trouble.

January 23rd, late in the afternoon, his mother brought him to my office, stating that he had been coughing incess-

antly for several hours and could hardly get his breath. I found him in this condition, examined his throat and lungs, could see no trouble with throat, rales were abundant over both lungs. It was too late in the afternoon for an operation, and thinking that he could live until the next morning, I told the mother to bring him back the next day and I would operate on him. The next morning, the 24th, of January, she came to my office crying, and said, "her boy was dying, and she did not want his throat cut." I prevailed on her to let me operate on him. At 10 A.M., with the assistance of my son, Dr. Arthur H. Barr, we hastily chloroformed and while anesthesia was being produced, the field of operation was cleansed. His shoulders were well raised, by a pillow placed high at his back, head extended, drawing chin up. The cricoid cartilage was located, an incision was made in the median line one and one-fourth inches long, muscles pushed aside and with hooks and handle of knife, the tube was exposed. One transverse communicating vein was cut, which was immediately secured by forceps. The cartalaginous ring was caught by tenaculum and incision made including crico-thyroid membrane. The opening was held apart and a No. 9 gum bougie was passed upward through opening into mouth three times, and no tin was found. As soon as the trachea was opened the difficult breathing and all other bad symptoms passed away. A trachea tube was put in and boy sent home. There were no more signs of obstruction and Sunday evening the 27th, four days after the operation, tube was removed, and opening closed. There was no more cough, no fever or any signs of a foreign body in air passage whatever. February 5th, late in the evening, after a few coughing fits a piece of tin $1\frac{1}{2}$ inches long by $\frac{1}{4}$ inch wide, slightly curved up at each end, was coughed up. What was remarkable in this case, was that this size piece of tin remained in the trachea from time of operation, January 24th to February 5th, without giving any trouble. Altogether this piece of tin was in the trachea for 21 days. Why I failed to push the tin out with the bougie, is that it was pushed to one side, out of the way of the bougie. This operation was a success, as it removed the obstruction to respiration, otherwise the boy could not have lived twenty-four hours longer.

A CASE OF FRACTURE OF THE NECK OF THE FEMUR.

BY JOHN BROWNRIGG, M. D., COLUMBUS, MISS.

On the 15th of September, 1900, William Ussery, white, aged fifteen years, was in the top of a small pine tree, about twenty feet from the ground, with two other boys, swaying the tree top backward and forward, when the tree broke in two near the ground, and they fell to the ground.

When I reached him, his right leg was in the position it assumes in dislocation on the os pubis. Manipulation corrected the malposition. Fracture of the neck of the femur was now apparent. Extension and counter-extension were employed to keep the limb of the same length as the other. Sir Astley Cooper's pelvic band was applied, to keep the fractured ends in apposition. Frank Hamilton on Fractures and Dislocations. Page 430. Fig. 146.

Bryant's Ilio-femoral rectangle was used to determine whether the trochanter was in its proper place. Thomas Bryant, F. R. C. S. A., Manual of the Practice of Surgery. Page 843.

A band around the foot was tied to the opposite side of the foot of the beadstead to keep the leg from rolling outward. This was assisted by bricks wrapped in cloth, and placed on the outside of the foot and leg, so that the knees were kept equally upright.

Dr. Gordon Buck's extension was applied with a seven pound weight to the end of the cord, which passed over a roller. My counter-extension jacket was used. See Transactions of the Mississippi Medical Association, for 1883, page 88. With the use of this jacket no sectional mattress is required for defecation. After five weeks, the dressings were removed, and union was perfect. An examination then showed that the fracture was extra-capsular.

CLINICAL LECTURE

BY PROF. KEEN, AT JEFFERSON MEDICAL COLLEGE HOSPITAL
AMPHITHEATRE, FEBRUARY 13, 1901.

REPORTED BY JULIUS CRISLER, M. D.

Gentlemen we have before us to-day a patient—age 29—dentist by occupation, who gives the following history: grandmother and aunt died of cancer. He states for the last eight years he has been very much troubled with gastro intestinal distress, vomiting often after eating and all of his symptoms have exaggerated in the last few years. He has lost forty pounds in weight in last six years, and in the last year has lost twenty pounds. This of course may possibly be due to lack of nutrition caused by vomiting. The test meal we gave him two days ago shows complete absence of hydrochloric acid. All of this looks suspicious of malignant trouble. However on careful examination I cannot find any tumor of abdomen. I tell you frankly gentlemen, I don't know what is his trouble, but will make an exploratory operation. If I find simply stenosis of the pylorus I will do the Heyneke-Mikulicz operation. If however, it proves to be malignant I shall do a resection and use the Murphey Button. I now find on opening the abdomen the peritoneum adherent, and if I had not been careful I would have opened the stomach or whatever viscus was under my knife. You now see the stomach and injection of the gastric veins. I now examine the stomach carefully and find no trouble. I now invaginate it through the pylorus. It goes through alright, the pylorus is not constricted. I now withdraw the stomach and find it and pylorus normal except some adhesions to the stomach. Sometimes by breaking these up we get relief. I now feel around the abdomen and find nothing. I now feel the liver and gall bladder and find the liver perfectly smooth and healthy, also the gall bladder is normal and contains no stones. The colon and appendix I find healthy. I shall now explore the kidneys and if I find them alright too, I shall flush the abdomen with normal salt solution and close it. I now find the right kidney normal, also

the left. I shall expect the patient to be relieved, although I have done nothing. Sometimes we find these cases by simply breaking up the adhesions and exploring the abdomen they are relieved. Before flushing the abdomen always test the temperature of your salt solution by pouring it on your arm. The patient is now in good condition and abdomen closed. I shall expect him to be completely relieved of his distressing symptoms.

ABSTRACTS AND EXTRACTS.

THE LOCATION OF A SIX-PENNY WIRE NAIL IN THE LEFT BRONCHIAL TUBE, SIX MONTHS AFTER ITS INCEPTION, BY USE OF THE X-RAY, AND ITS SUCCESSFUL REMOVAL. By Samuel Lyle, M. D.—(*Virginia Medical Semi-Monthly.*) The object of this paper is to call attention to the importance of the X-ray in locating foreign bodies in the air passages and oesophagus, and to suggest the possibility of removing them under the ray—thus seeing every step of the operation, rather than probing for them with only the sense of touch to guide. This will best be done by reporting a case recently operated on in St. Andrew's Home (our private hospital).

D. W., a boy, two and a half years old, was brought into the hospital on September 21, 1900, suffering greatly from dyspnoea, as well as pain. His mother stated that the trouble began in March, when he swallowed a nail, at which time he became very blue and came near choking to death. This was followed by loud breathing, pain in the region of the heart, and frequent paroxysms of cough, so severe that in each death seemed imminent. He had lost in weight and apparently had grown none in height. He would play around on the floor for a few minutes, begin coughing, run to his mother with his hand over his heart and say, "Hurt, hurt." He had never slept more than one half hour at any time since the nail was swallowed.

Physical examination showed a well-formed child, moderately well grown for his age, breathing loud, quick and labored, not unlike that of a child with croup; both lungs gave mucous and sibilant rales in abundance, though worse in the left.

On September 22, 1900, six months after the accident, assisted by my friends, Drs. Rawley W. Martin, Sr., and Jr., the child was subjected to the X-ray, when the nail could be

readily seen. The head of the nail rested against the base or lower cartilage of the left bronchial tube; the point which could be seen to bob up and down when the child would cough, was apparently under the junction of the fourth rib with the sternum. While looking at the nail, the thought occurred to me, how easy it would be to pass a pair of forceps down inside of the trachea, into the tube, watch its every movement, even to the grasping of the nail and removing it. I felt, if this could be done—and I saw no reason why it could not—that after making the incision in the trachea I could see every movement, instead of relying solely on the sense of touch, if otherwise attempted.

To demonstrate the idea as nearly as possible, I procured a board five feet long, sixteen inches wide and one inch thick, and placed each end on a chair; on this I placed a boy nine years old; beneath the board I placed Crook's tube, turned on the ray, and under the light passed a pair of forceps down between the boy's body and the fluoroscope; it could be seen more distinctly than the nail had been.

Being encouraged by this crude demonstration, I determined to attempt the removal of the nail in this way. Accordingly, on Monday, September 24, 1900, assisted by my partner, Dr. A. W. Terrell, and my friends, Drs. R. W. Martin, Sr., and Jr., and Dr. W. H. Dulaney, the operation was done.

Each end of the board above described was placed on a table, one end elevated about eight inches, so that the child's body would be on an inclined plane, the head being towards the lower end, thus having gravity to aid in the removal of any offending material, such as blood, etc. The child was placed on the board, in the usual position for tracheotomy, which operation was quickly done, the opening being about an inch in length, and made just below the cricoid cartilage. The room was immediately darkened and the X-ray turned on—much to my horror and disgust, the rays were deflected, and no glow could be gotten in the tube; this being due to the moisture in the room—it having been heated to 85° F., by allowing steam to escape, the condensation of which had wet all the electric apparatus, and the sparks flew in every direction; lack of thought on my part thus prevented a positive demonstration of the idea suggested. Had I heated the room with dry hot air instead of steam, I have no doubt of its having been successful.

There was no alternative save to proceed to locate and remove the nail by the sense of touch. A former view with the X-ray enabled me to know that it was in the left bronchial tube; consequently, a probe was bent and gently passed through the tracheal opening down into the tube. It was al-

most impossible to locate the nail—it being partly encysted. The probe would slip over a ridge, but give no metallic touch, the difficulty being to determine whether the ridge was the encysted nail or one of the cartilaginous rings of the tube. Finally curved forceps were gently passed along the probe; reaching the prominence, it was gently pinched, then the forceps were withdrawn, showing within its grasp mucous membrane with particles of iron rust; several pinchings of this kind were done, when at last the probe gave a distinct metallic feel; the forceps were again passed, and after several attempts seized and brought out a rusty six-penny wire nail.

A tracheotomy tube was at once inserted, the wound dressed, and patient put to bed. The air in the room was kept moist, and the temperature at 85° F. The tube was removed in twenty-four hours. The child made an uninterrupted recovery.

I have seen no literature on the removal of foreign bodies under the X-ray.

SPINAL COCAIN ANALGESIA. T. Tuffier (*Semaine Médicale*, (Paris), December 12). An experience of thirteen months with this method of analgesia, which Tuffier has applied in 252 operations, has established that there are no symptoms of shock and that the patients return more rapidly to the physiologic conditions than after general anesthesia. The analgesia is complete and sufficiently durable, while careful study of the patients during and after the operation shows that there is no injury to the medullary system, either immediate or remote, nor local operative complication. From the moral point of view he has always found the most complete indifference to the operation, especially in men and in private practice. As he has mentioned in his previous reports, one patient died during the day following an operation for eventration. The autopsy disclosed old and severe cardiac lesions, with congestion and edema of the lungs, rendering the fatal termination inevitable. This is the only death that has occurred in his experience. In 20 per cent. of his cases the analgesia proceeded without the slightest subjective or objective symptoms. In 40 per cent. nausea occurred, and he has remarked that this is most liable to happen in cases with slight tension of the cerebrospinal fluid. When the fluid escapes like an ejaculation there is a minimum of incidents, but when it merely trickles, the analgesia will be as complete, but is liable to be accompanied by some annoyances. Nausea is much more frequent after large doses, 25 to 30 mg. A general slight malaise is sometimes observed, commencing about five minutes after the injection

and never lasting more than fifteen minutes. Vomiting occurs from five to fifteen minutes after injection in 20 per cent. It is more frequent in men than in women and much more frequent in urgency operations when the subject has not been prepared. Tuffier is hopeful that research will suggest a means to abolish the vomiting in these cases. The subject rarely vomits more than three or four times, but in three cases vomiting recurred a number of times, including one case in which eucain had been used. He now rejects all substitutes for cocaine. The brain is not affected and the muscles are completely relaxed, as in chloroform anesthesia, although the power of movement is retained, but the movements are less precise than in the normal condition. The rhythm of the heart is not altered, but the pulsations sometimes become more frequent. In 30 patients the pulse was 80 at the close of the operation and it has been known to reach 120. The respiration continues physiologic, there is no hypersecretion nor congestion in the bronchi, but the inspirations are sometimes deeper. In 5 per cent. of his cases there was incontinence of gases or fecal matter. As the mucosa of the rectum becomes insensible the anus misses the reflex tonicity and is liable to relax under the influence of a violent effort, pressure on the rectum during the ablation of a retrouterine tumor for instance. The urethrovesical apparatus is not affected in the least. The patients are completely tranquil and in perfect condition during the day following the operation. The only incident is an exceptional vomiting, which may occur three or four times, about four hours after the intervention. During the afternoon or evening the most disagreeable and frequent incident, the headache, is liable to appear. Tuffier has observed it in 40 per cent. of his patients. It resembles migraine in character, but does not coincide with the vomiting, and in 90 per cent. was almost completely gone by the next morning. In 2 per cent. it was very severe and continued for two to four days, progressively subsiding. No remedy seems to control it, and he now merely applies a compress of cold water to the brow. In three patients a tardy cephalgia appeared after two to five days of complete tranquillity, more annoying than strictly painful, gradually subsiding in the course of seven days. It is difficult to understand this cephalgia, as the cocaine disappears so rapidly from the cerebrospinal fluid that not a trace can be discovered an hour after the operation. There is no chemical irritation of the pia-arachnoid membrane; cytologic examination and tests of its permeability with iodin have demonstrated its integrity. The temperature rose in 45 per cent. to 37.8, 38 and 38.5, and exceptionally to 39 and 39.5 C. The curve in 50 patients was well defined and constant, commencing about four to six hours after

the analgesia, attaining the maximum the eighth to tenth and returning to normal by the twelfth to fourteenth. It never persisted beyond the twentieth hour. The urine does not suggest in any respect the urine-formula of fever. The blood shows no alteration resembling the leucocytosis of fever. The elevation of temperature is probably due to the action of the cocaine on the thermogenic centers. The subjective and other symptoms were never so severe as to cause any alarm. The age of the patients range from 10 to 79, but as a general thing he prefers not to use this method of analgesia on children and hysterics. Children bear the cocaine very well, but are liable to become frightened. He believes that persons with heart affections or arteriosclerosis have nothing to fear from it, as he has cocainized a large number. For all extraperitoneal operations analgesia by the spinal route bears comparison with general anesthesia—the future will show whether it ought not to supplant the latter. In operations on the lung and pleura in the two lower-thirds of the thorax it is the method of election, as chloroform and ether have serious disadvantages in these conditions. In regard to intraperitoneal operations, he would not recommend the method unless the surgeon is thoroughly familiar with abdominal surgery. Everything is all right as long as no incidents happen—and this is the rule—but if vomiting or nausea occurs the operator must wait for it to subside, and thus be hindered. In simple interventions, such as vaginal hysterectomy, ablation of the appendix or herniotomy, a little nausea is of no importance, but it may prove serious in operations on the liver, stomach or intestine, or in tedious interventions on the annexes or uterus.—*Journal of the American Medical Association.*

The Pneumonias of Influenza.

According to Leichtenstern (*Nothnagel's Special Pathology and Therapy*, Vol. IV, part 1), "Pneumonia is the most frequent and most important complication of influenza."

A thorough investigation of the history of influenza epidemics proves that the complication, pneumonia (in some variety) has never been absent. This was noted as early as 1580 by Bockelius (quoted by Ruhemann) and particularly emphasized by Sydenham in 1675. It was for the most part taken for granted that broncho-pneumonia arose, as a result of the severe bronchitis (the inflammatory process spreading by continuity of structure), or that it was a form of mixed or simultaneous infection by the specific causes of influenza and pneumonia.

Both views are undoubtedly correct, and were this the only variety of pneumonia complicating influenza, the diag-

nosis in the majority of cases would be an exceedingly simple one. There is, however, another variety first hinted at by Gray in 1782, and particularly described by Leichtenstern in December, 1889, of "a primary influenza pneumonia," a form of inflammation of the lungs due to the bacillus of Pfeiffer and its toxins, which occasionally even makes its appearance simultaneously with the other pneumonia of influenza, but more frequently arises at the acme of the disease. Leichtenstern calls this "the pneumonic form of influenza."

The accuracy of this assertion was proven two years later by Pfeiffer and others who found in the pneumonic exudates (in the alveolar lumen and alveolar septum, especially enclosed in the round cells) the specific bacilli of influenza in "extraordinary amounts." Pfeiffer says: "In smear cultures prepared from secretions of the trachea and larynx a mixture of various microorganisms was found, especially streptococci and diplococci, etc., but even here the bacillus of influenza was found to outnumber the other bacteria. In the large bronchi, all other bacteria (except the bacillus of influenza) gradually disappear, and as the finer bronchi are reached, especially when a purulent secretion is present, and in the pulmonary tissue, the bacillus of influenza is alone found to be present."

According to Pfeiffer, Beck and Wassermann, the anatomical form of this true influenza pneumonia is an exclusively catarrhal one. It is no doubt true that the majority of the pneumonias are of the broncho-pneumonic form, nevertheless there can be no question that numerous bronchopneumonias of "grippal" origin are of a mixed form due to the presence of streptococci, and perhaps diplococci also, which may in some cases even outnumber the Pfeiffer bacillus. Only in this manner can we explain the numerous cases of pneumonia occurring in the pandemic of 1889-90, during which this condition was frequently observed. Albu even regards this mixed infection as pathognomonic of pneumonia due to influenza (*Deutsche Med. Wochensch.*, 1894, No. 7). Besides this purely catarrhal (broncho-pneumonic) form, the croupous form is also frequently observed, and a third variety of mixed pneumonia, that is a catarrhal-croupous form, or, as Leichtenstern proposes to call it, a "cellular-fibrous" variety.

He bases his opinion upon postmortem findings in which mixed and transitional forms are found, lobar and lobular infiltrates, whose correct pathological classification, whether catarrhal or croupous, is both macroscopically and microscopically exceedingly difficult. In these mixed varieties (cellular-fibrinous) catarrhal pneumonic areas are found side by side in the same lung and even in the same lobe of the lung;

in some infiltrated areas catarrhal and fibrinous masses are so intermingled that the composite picture shows neither the one nor the other form of pneumonia. Even microscopically the differentiation is difficult. In the sections prepared according to the method of Weigert, separate alveoli showed catarrhal inflammation (cellular exudate without or only with slight amount of fibrin) while other alveoli, near or even among these, were found to show the true character of croupous pneumonia. This then establishes a so-called "lobar-lobular" form of pneumonia, or, as Leichenstern proposes to call it, a "cellular-fibrinous pneumonia," which he regards as characteristic of influenza.—*Philadelphia Medical Journal*.

PATHOLOGY OF PUPERAL SEPSIS,—Alfred Bass (*Centralblatt fur die Grenzgebiete der Medizin und Chirurgie*), draws the following conclusions: (1) The uterine cavity of healthy, unexamined pregnant women, and in most cases that of healthy post-partum patients, is free from the pathogenic germs. (2) The question as to whether the vagina of healthy, unexamined, and non-irrigated pregnant women and post-partum cases is free from pathogenic bacteria, cannot at present be definitely answered, even though a series of observations point in this direction. (3) Auto-infection in any given case must be diagnosed only when every possibility of external infection has been excluded; then auto-infection. Anfield's view notwithstanding, will be found a very rare occurrence. (4) The following bacteria have been found as causes of puerperal sepsis: streptococcus pyogenes, staphylococcus pyogenes aurens and albus, bacterium coli commune, pneumococcus, typhoid and diphtheria bacilli, bacillus aerogenes capsulatus, and vibrion septique. (5) The portal of infection is most frequently the endometrium, especially the placental site, both of which are reached by the direct introduction as well as the rapid growth of the bacteria. (6) The way of infection is lymphatic or circulatory, seldom both at the same time. (7) A positive clinical differentiation of the various bacterial forms cannot be determined, though the anaerobic infection runs in a milder and more favorable course. (8) The blood examination, with the exception of bacteræmia shows nothing characteristic for puerperal sepsis.—*Medical Record, N. Y.*

EDITORIAL.

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THE ETIOLOGY OF YELLOW FEVER.

At the recent third Pan-American Medical Congress, held in Havana, Drs. Walter Reed, James Carroll and Aristides Agramonte presented a paper that is possibly of more interest to the scientific and commercial world than any scientific production of recent years. If the claims set forth in this paper are true a revolution in maritime quarantine will inevitably follow that will be worth millions of dollars annually to the commerce of the South. The paper is published in the *Journal of the American Medical Association*, but the following conclusions only are reproduced here:

"1. The mosquito (*Culex fasciatus*) serves as an intermediate host for the parasite of yellow fever.

"2. Yellow fever is transmitted to the non-immune individual by a mosquito that has previously fed on the blood of those sick with this disease.

"3. An interval of about twelve days or more after contamination appears to be necessary before the mosquito is capable of conveying the infection.

"4. The bite of the mosquito at any earlier period after contamination does not appear to confer any immunity against subsequent attacks.

"5. Yellow fever can also be experimentally produced by subcutaneous injection of blood taken from the general circulation during the first and second days of this disease.

"6. An attack of yellow fever, produced by the bite of the mosquito, confers immunity against a subsequent injection of the blood of an individual suffering from the non-experimental form of this disease.

"7. The period of incubation in thirteen cases of yellow fever has averaged from forty-one hours to five days and seventeen hours.

"8. Yellow fever is not conveyed by fomites and hence disinfection of articles of clothing, bedding, and merchandise, supposedly contaminated by contact with those sick of this disease, is unnecessary.

"9. A house may be said to be infected with yellow fever only when there are present within its walls contaminated mosquitos, capable of conveying the parasite of this disease.

"10. The spread of yellow fever can be most effectually controlled by measures directed to the destruction of mosquitos, and the protection of the sick against the bite of these insects.

"11. While the mode of propagation of yellow fever has now been definitely determined, the specific cause of this disease remains to be discovered."

Dr. Finlay, of Havana, is the author of the mosquito theory and for several years has held that yellow fever is conveyed by the mosquito.

In the discussion of the paper Dr. John Guiteras stated that he had, up to a short time ago, opposed the theory of the transmission of this disease by mosquitoes. He now accepts as incontrovertible the results of the experiments of the commission composed of the authors of the paper. He said that a fact which impressed him forcibly was the absolute control of the epidemic by Dr. Reed. The cases would develop or not as he wished.

It is clear to our minds that this commission has demonstrated beyond any doubt that yellow fever can be transmitted by mosquitos. Can it be propagated in any other way is now the burning question. The commission thinks not, except by the subcutaneous injection of blood taken from the general circulation during the first and second days of the disease. It has long been the opinion of the medical profession that yellow fever may be conveyed by fomites. This led to the practice of disinfection of clothing, bedding and many articles of merchandise shipped from points where yellow prevailed. If it can now be demonstrated that the disease is spread by the mosquito only what a saving of time and money it will be to commerce! A special correspondent of the *Medical Record*, N. Y., says: "The report of the

convincing experiments of Drs. Reed, Carroll and Agramonte excited the greatest interest, and there were few who heard the report but left the section persuaded that the disease is spread by the mosquito only, and that its germs must be a haematozoon, one part of whose life cycle is passed in the body of culex mosquito. A number of the delegates made an excursion to Quemados to see the yellow fever camp and the buildings in which the experiments were conducted. They were shown the mosquito house, the house where non-immunes had slept night after night on infected bedding without contracting the disease and without gaining immunity, as subsequent inoculation demonstrated."

There is, however, another side to the question that we must not loose sight of, and that is the observation of sanitarians and clinicians for many years past that led to the belief that the disease could be conveyed by fomites, or the air of a room could become infected and in this way the disease spread from person to person. It has, for several years past, been a pretty well settled fact that what is known as house infection did not occur for a period of twelve to thirty days after the first case occurred in the house.

As far back as 1878 or 1879, the following laws were laid down by John Denis Macdonald and since that time they have been held as being approximately correct:

1. That the first place or the first person, or both, must have become infected, some where or somehow.
2. That by veritable, but unknown, or rather untraced, links with this source, places having become infected may infect persons.
3. That persons infected may infect other persons and places previously presumed to be healthy.
4. That clothing of infected persons, or of healthy persons having communicated with infected places or persons, may impart infection to other places or persons.
5. That if places were movable, like persons (which is literally true of ships), on being infected, they would impart the virus to other places in sufficiently close proximity.

These views are strongly supported by the observation of sanitarians. As suggested by Dr. Cobb, "If we pursue our thought along this line, how shall we explain the spread of the disease aboard ships at sea; especially how shall we

explain the frequent outbreaks aboard the *Plymouth*. This vessel was broken and frozen out twice, and thoroughly fumigated a number of times. She went to sea from Boston, March 15, 1879, and all will recall that as soon as she ran into hot weather a well marked case developed six days after going out and being out of sight of land all this time. The life of the mosquito is short in summer, but they do hibernate and live through the winter, even at zero temperature. I mention this especially as bearing on the case of the *Plymouth*, for it seems hypothetical in the extreme that the mosquito should have lived through the exposure—15° during the winter 1878-'79; with the very thorough sulphur disinfection; with a thorough washing out and tearing out of the vessel; and yet revive itself and produce the disease in six days after reaching the tropics. Now if the mosquito was in the hold of this vessel, it must have been infected from the cases of the summer previous." This is only one of many recorded instances where sanitarians thought they could see a demonstration of the laws as laid down by Macdonald.

We trust that this commission will be continued by the Surgeon-General of the Army and that it will finally be able to demonstrate to the entire satisfaction of every sanitarian, and to the people that yellow fever can only be conveyed by the *culex fasciatus*.

HEALTH AND WATER SUPPLY.

"The relation between the general health of a city and its water supply is close and important. Not only in quality, but the available quantity, are factors in the problem of a proper water supply." * * * * *

"Highly polluted water can, by artificial filtration, which is but an imitation of nature's process of converting surface water into spring water, be rendered free from dangerous poisons and organisms.

The reduction of typhoid fever and diarrhoeal diseases with the introduction of filtered water has occurred in a large number of cities in Europe and America. It is strongly advised that any arrangements for increasing New York's water supply be under municipal management and control, and not

by contract with any private company. The cost to the consumer is almost always less under public than under private ownership. In 1800 there were sixteen (16) plants in operation in the United States, of which fifteen (15) were private, and one (1) public. Since that time fourteen (14) of the fifteen (15) have become public. The average cost per family throughout the United States is, for public, \$21.55; for private, \$30.82; that is privately supplied water costs about forty per cent. more than that supplied by the municipalities,"

The above is taken from the annual report of Dr. H. D. Chapin, chairman of the Committee on Hygiene of the Medical Society of the county of New York. There are three important points made prominent in this report, and they are based upon the experience of cities, both in America and in Europe: 1. Filtration is a perfect method of purifying water. 2. The close relationship between the quality of water used for domestic supply and the sick and death rates from zymotic diseases, notably typhoid fever and diarrhæal diseases. 3. Privately supplied water costs very much more than that supplied by municipalities.

These are very important points and we submit them for consideration of the authorities of Vicksburg and other cities in this state contemplating a change in their methods of water supply.

Since it is so well known that typhoid fever and other diseases are water-borne, many towns throughout the United States are realizing the supreme importance of owning their own water works, not only that their citizens may thereby be supplied with water more cheaply than by private companies, but that purer water may be furnished them.

These are very important points and merit the thoughtful consideration of the authorities of Vicksburg and other cities in this state contemplating a change in their methods of water supply. We would not presume to discuss the legal points involved in the controversy now on between the municipal authorities of this city and the Water Works Company, but we submit in all candor that the water now being furnished this city is unfit for domestic purposes, and it is only a question of time, if such supply is continued, when her citizens will be made to realize the folly of forbearance on

this important question. True that many of her citizens have filters in their residences and offices and with great inconvenience manage to filter their drinking water, but the masses do not have these filters and drink the water as it comes from the river, mud and all. Have we not almost reached the point where forbearance ceases to be a virtue?

THREE IMPORTANT FACTS.

There are three facts in connection with tuberculosis, says Edward Owen, M. D., *Montreal Medical Journal*, of which the public must be made fully conscious:

The first is that the disease is *communicable*. The truth and importance of this fact we have ourselves only of late entirely realized. The public, therefore, must be allowed a due amount of time before they generally accept it. But accepted it must be, and it behooves each one of us to do all that he can towards promoting its acceptance.

The second is that the disease is *preventable*. This follows almost as a corollary to the previous statement, and when the truth of it becomes widely and fully understood how great will be the responsibility of those who wilfully disregard it.

The third fact is that the disease is *curable*.

That tuberculosis is communicable there can no longer be any doubt, and, as Dr. Owen says, that it is preventable follows almost as a corollary to the statement that it is communicable. But when Dr. Owen asserts as a fact that tuberculosis is curable we must dissent. Tubercl bacilli may gain a fast hold in the body—and yet the person may not present signs of tuberculosis. We believe also that it is generally conceded that infection does not necessarily mean a progressive and fatal disease. A person may become infected and the conditions present in his body may not be favorable for the development and progress of the disease and a cure may result, not from medical treatment but because the tissue soil is unsuitable. Take a person with a bad family history, previous poor health, poor digestion, insidious onset, frequent haemoptysis and certainly no man can assert as a fact the disease in this case is a curable one. Even in such a

case as this the progress of the disease under favorable hygienic surroundings and with proper diet, may for a time, be held in abeyance but to assert that it is curable, we believe is an error.

Dr. Richards, of Boston in the February *Sanitarian* says: " Day after day, month after month, year after year, the problem of tuberculosis comes before each one of us for solution. Its insidious beginning, its slow progress, and its usually fatal termination, forms a familiar picture. Specific after specific has been brought forward as a cure, yet all have been weighed in the balance and found wanting, and the death rate remains as before. Cod liver oils, and other fats and foods; gas injections, first rectal then pleural, and serums, come and go; and still one-seventh of the human race die of tuberculosis.

DR. J. M. BUCHANAN, Superintendent of the East Mississippi Insane Asylum is one of the best known physicians in Mississippi. He is a gentleman of the highest type and a physician of the broadest culture. After graduating in one of the best Medical Colleges in America he continued his studies in the renowned institutions of Europe for many months. When he returned to this country he located in Meridian where he has since resided.

While yet quite a young man he was appointed by Governor Jno. M. Stone as Superintendent of the East Mississippi Insane Asylum, and was reappointed by Governor A. J. McLaurin. By his skill and devotion to duty he has made this one of the best institutions of the kind in the South. He is now in the prime of intellectual and physical manhood. As an official he is honest, competent and fearless in the discharge of his duties. By his rugged honesty, superb ability and genuine gentlemanly courtesy he has entwined himself around the affections of the medical profession of this state. We all know that he is not a politician,—he is too honest; we know that he is averse to a scramble for place,—he is too much of a gentleman, but we do trust that when the proper time comes his name will be presented to the Governor for reappointment to the position he has so long honored.

IT WILL be of interest to our readers to know that Messrs. Parke, Davis & Co., have secured the services of the well known bacteriologist and pathologist of Philadelphia, Professor Joseph McFarland, M. D. Professor McFarland is a recognized writer, teacher and authority on bacteriology. He will now devote himself to purely scientific research in his favorite field.

The Biological Laboratories of Parke, Davis & Co., were established in 1894, since which time they have maintained a large staff of research workers and have furnished them with every needed appliance.

"HE WHO would wantonly thrust an instrument of death" into a womb containing a living foetus "would not scruple under the mantle of night to use the stiletto of the assassin." Before the Mississippi State Medical Association in 1890, Dr. P. J. McCormick, of Yazoo City, said: "Morally it is as great a crime to kill a pauper as a prince, a lunatic as the most brilliant mental genius, the foetus immediately after conception as the mature man or woman." Yet there are men who commit the crime for a paltry sum of money.

BOOK REVIEWS.

A Text Book on Practical Obstetrics. By Egbert H. Grandin, M. D. Gynecologist to the Columbus Hospital; Consulting Gynecologist to the French Hospital; Late Consulting Obstetric Surgeon of the New York Maternity Hospital; Late Obstetrician of the New York Infant Asylum; Fellow of the American Gynecological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc., etc., etc., with the collaboration of Geo. W. Jarman, M. D. Gynecologist to the Cancer Hospital; Instructor in Gynecology in the Medical Department of the Columbia University; Late Obstetric Surgeon of the New York Maternity Hospital; Fellow of the Gynecological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc. Third Edition Revised and Enlarged. Illustrated with Fifty-two Full-Page Photographic Plates and One Hundred and Five Illustrations in the Text. $6\frac{1}{2}$ x $9\frac{1}{2}$ inches. Pages xiv-511. Extra Cloth, \$4.00, net; Sheep, \$4.75, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street Philadelphia.

The third edition of this valuable work is now out. It is enlarged by the addition of a chapter on the anatomy of the female organs and embryology.

The work is divided into four parts. Part I. deals with pregnancy, and contains four chapters. The first on anat-

omy and embryology which is concise and only of such nature as is necessary for the amplification of obstetric teachings. The third chapter of this part is on the pathology of pregnancy, where is considered the exaggerations of physiological processes and the accidental complications in pregnancy. In part II. Labor is considered. This embraces its mechanism, clinical course, management, both of normal and abnormal and the care of the newborn infant. Part III. considers the puerperal state, and Part IV. obstetric surgery. The work contains one hundred and five illustrations and fifty-two full-page plates. "The illustrations have been prepared and selected with the special end in view of teaching graphically." The photographic plates have been prepared under the supervision of the authors and are true to nature.

We consider this work one of the most valuable before the profession to-day. Being clinical in its teachings it is a guide to practice and should be in the hands of every practitioner.

International Clinics. A quarterly of Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat and other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession throughout the World. Vol. IV. Tenth Series 1901. Philadelphia: J. B. Lippincott Company.

The editorial staff of this quarterly is composed of such men as Henry W. Cattell, A. M., M. D., Philadelphia, editor in chief, and associated with him, John B. Murphy, M. D., Chicago, Alexander D. Blackader, M. D., Montreal, H. C. Wood, M. D., Philadelphia, T. M. Rotch, M. D., Boston, E. Landolt, M. D., Paris, Thomas M. Morton, M. D., Charles H. Reed, M. D., Philadelphia, J. W. Ballantyne, M. D., Edinburg and John Harold, M. D., London. The mere mention of these names, so well known to the medical profession of the world, in connection with any work is quite sufficient to determine its character, but if any doubt remained a glance at the list of contributors would be sufficient to remove the last vestige. The article on surgery is prepared by John B. Deaver, M. D., of Philadelphia and is made up of abstracts from the public Saturday Clinical lectures delivered at the German Hospital. It treats of Gluteal Aneurism; Cervical Lymphadenitis; Carcinoma of the Mammary Gland; Thyroideectomy for Cystic Goitre; Neurectomy of Sciatic Nerve; Concussion of the Brain, and Tracheotomy.

The Symposium on Genito-Urinary Diseases is completed in this issue. Five important subjects are treated in this Symposium by men well known to the profession. The "Treatment of Chronic Gonorrhœa or Gleet by Alexander

Renault, M. D., and "The Treatment of Urithritis in the male by James Pederson, M. D., are articles of special value and interest to the general practitioner. The Monograph on Pathology by Professor Demetrius Roncali, also merits special mention.

The Tenth Series of the *International Clinic*, now complete, is vastly practical, and will be found very helpful as a ready reference.

Physical Diagnosis in Obstetrics. A guide in antepartum, partum and postpartum examinations for the use of physicians and undergraduates, by Edward A. Ayers, M. D., Professor of Obstetrics, in the New York Polyclinic; Attending Physician to the Mothers' and Babies' Hospital, published by E. B. Treat & Co., 241-243 West Twenty-Third St. Price \$2.00.

This is unquestionably a valuable little book, and merits the closest study by every physician, but we must say the scope of antepartum examinations as called for by the Author's Obstetrical history chart is not practical in private practice, in this section of the country at least. We do not believe patients in private practice would permit such examinations as would be necessary for the filling out of these charts. It may be, as the author says, a matter of education to overcome the prudishness that prevails in some communities relative to these examinations. If such antepartum examinations as detailed by the author could be practiced by the physician it would be a training that would quickly and surely elevate him above the level of the common mid-wife.

The book contains sixty-seven illustrations and represents the most notable advances in obstetric practice.

Physicians' Manual of Therapeutics. Referring especially to the Products of the Pharmaceutical and Biological Laboratories of Parke, Davis & Co. Flexible morocco: 12 mo.: p.p. 526: Detroit, 1900.

In his preface to this excellent little book, the author says: "There has been much well-meaning derision of 'elegant pharmacy' but we do not sympathise with it; and the products enumerated in this volume are deliberately made as slightly, palatable and inviting as possible without sacrificing any of that therapeutic efficacy which is the supreme end of medication." That sentence contains, as in a nutshell, the whole secret of the great success of Messrs. Parke, Davis & Co. While their pharmaceutical preparations are elegant, they are honest, and always up to the required standards of medicinal strength. The Physicians' Manual has evidently been brought forth under the same conditions. It has a handsome cover, it is durably bound, and an examination of its pages discloses the fact that it is

full of "meat." We admire the scientific tone which is evident in each section of the book.

Part one is entitled "Therapeutic Suggestions," and, as its title indicates, comprises various useful hints on the prophylaxis and treatment of diseases, the names of which appear in alphabetical order, as sub-heads. A number of useful tables have been arranged to assist the inquirer in the differential diagnosis of the exanthemata, the calculation of metric value, thermometric equivalents, etc. The body of the book is given over to the department of "Materia Medica" which is in brief an alphabetical catalogue of drugs and seems to be thoroughly complete and up-to-date. No secret preparations are mentioned nor is mention made of antiquated or obsolete remedies. The various preparations of the different drugs, such as pills, tablets, capsules, elixirs, are alphabetically listed under their respective heads and may be found without confusion or delay. The printer and bookbinder have done their work well and there is no doubt that the demand for this excellent "Manual" will more than compensate the publishers for what must have been a considerable outlay of time, effort and money.

MEDICAL NEWS AND MISCELLANY.

DR. E. H. WALKER, of Erie, was in the city a few days ago.

DR. J. W. PRICE, formerly of Booneville, Miss., is now located at Helena, Ark., where he is practicing his specialty, the eye, ear, nose and throat. Dr. Price is well known in this state and his friends will regret to learn of his removal. We wish him success in his new field..

DR. W. R. HARPER, of Rolling Fork, was in the city a few days ago.

DR. JULIUS CRISLER, of Terry, is now in Philadelphia doing post graduate work. Dr. Crisler will remain in Philadelphia about five months.

DEATHS from consumption in Philadelphia are estimated to be one-third less than they were fifteen years ago. The health authorities claim that the improvement is due to their continuous battle against the disease.

Just Now.

It is a matter of common observation that many cases of bronchitis will persist in spite of the continued, varied and judicious use of expectorants. "The cough," says one prom-

inent physician, "hangs on, harrasses the patient with its frequency and severity, and is exceedingly liable to recur every winter—to become a regular 'winter cough'—with its sequelæ of emphysema, asthma and ultimately, dilation of the right heart."

Dr. Milner Fothergill, of London, insisted that cough of this character is due to lack of tone, not only in the general system but in the blood vessels of the bronchioles. This authority demonstrated that the only successful method of treating this form of cough is by means of appropriate systematic and vascular tonic medication. It is particularly in this class of cases that Gray's Glycerine Tonic Comp. has gained a most enviable reputation. This remedy, which is a most palatable and agreeable one, not only has a selective tonic and anti-phlogistic action upon the respiratory mucous membrane, but it removes the ever-present element of systematic depression. The beneficial effects of Gray's Glycerine Tonic Comp. even in rebellious cases, are invariable and most pronounced.

LISTERINE

The word Listerine assures to the Medical Profession a non-poisonous antiseptic of well proven efficacy; uniform and definite in preparation, and having a wide field of usefulness.

On account of its absolute safety, Listerine is well adapted to internal use and to the treatment of Catarrhal Conditions of the mucous surfaces.

LITERATURE DESCRIBING THE BEST METHODS FOR USING

Listerine in the Treatment of Diseases of the Respiratory System
WILL BE MAILED TO YOUR ADDRESS, UPON APPLICATION.

We beg to announce that, in addition to the 14 oz. bottle, in which Listerine is offered to the trade, the pharmacist can now supply a smaller package, containing 3 fluid ounces, which is put up for the convenience of practitioners who prefer, upon certain occasions, to prescribe articles of established merit in the Original Package, under the seal and guarantee of the manufacturer.

LAMBERT PHARMACAL CO., ST. LOUIS.

TRI-IODIDES (HENRY'S.) LIQUOR SALI-IODIDES.

*Colchicin. 1-20 grain
Phytolaccin. 1-10 grain.
Solanin 1-3 grain Soda
Salicylate. 10 grains Iodic
Acid equal to 7-32 grains
Iodine Aromatic Cordial.
Dose. 1 to 2 drams in water.
8-oz. bottle. \$1.00*

A powerful alterative and resolvent, glandular and hepatic stimulant, and succedaneum to the iodides. Indicated in all conditions dependent upon perverted tissue metabolism; in lymphatic engorgements and functional visceral disturbances; in lingering rheumatic pains which are "worse at night." Bone, periosteal and visceral symptoms of late syphilis; for the removal of all inflammatory, plastic and gouty deposits. A remedy in sciatica, megrim, neuralgias, lumbago and muscular pains; the gouty and rheumatic diathesis; acute and chronic rheumatism and gout; chronic eczema and psoriasis, and all dermic disorders in which there is underlying blood taint.

An hepatic stimulant increasing the quantity and fluidity of the bile. Relieves hepatic and intestinal torpor; does not cause the unpleasant gastric symptoms of potassium iodide.

THREE CHLORIDES (HENRY'S.) LIQUOR FERRISENIC.

*Each drachm contains
Proto-Chlor. Iron 1-8 gr;
Bi-Chlor Mercury, 1-128
gr.; Chloride Arsenic, 1-280
gr.; Calisaya Cordial Dose.
1 to 2 drachms. 12-oz.
bottle. \$1.00*

An oxygen-carrying ferruginous preparation, suitable for prolonged treatment of children, adults and the aged. Indicated in anemia and bodily weakness, convalescence from acute diseases and surgical operations; boys and girls at the age of puberty, and the climacteric period in women. In children with chorea, rickets, or who are backward in development, or in whom there exists an aversion to meats and fats. Prolonged administration never causes "iron headache".

As an adjuvant for potassium iodide the undesirable manifestations known as iodism can be removed.

Stimulant to the peptic and hydrochloric glandular system of the stomach, especially serviceable in the impaired appetite, nausea, vomiting and other gastric symptoms of alcoholic subjects.

MAIZO-LITHIUM LIQUOR LITHIUM MAIZENATE.

*Nascent Chemie Union
of Maizene Acid — from
Green Corn Silk — with
Lithium, forming Maize-
nate - Lithium Two
grains to drachm. Dose
1 to 2 drachms. 8-oz.
bottle. \$1.00*

A genito-urinary sedative, an active diuretic; solvent and flush indicated for the relief and prevention of renal colic; a sedative in the acute stages of gonorrhea, cystitis and ep. didymitis; in dropical effusions due to enfeebled heart or to renal diseases. As a solvent in the varied manifestations of gout, goutiness and neurotic lithia, periodical migraineous headache, epigastric oppression, cardiac palpitation, irregular, weak, or intermittent pulse; irritability, moodiness, insomnia and other nervous symptoms of uric-acidemia. Decidedly better more economical, extensive in action and definite in results than mineral waters.

Those cases of irritable heart, irregular or intermittent pulse so frequently met with by insurance examiners and found to be due to excess of uric acid, are special indication for Maizo-Lithium.

HENRY PHARMACAL CO., LOUISVILLE, KY.

Some Suggestions on the Manner of Using Protargol.

Having passed the experimental stage it may now be safely asserted, on the ground of the remarkably extensive literature published, that protargol is one of the most important additions to the *materia medica* of recent years. Aside from its general use in the treatment of gonorrhreal affections it has to a great extent displaced nitrate of silver in diseases of the eye, ear, nose and throat. To obtain uniformly good results attention has been lately drawn to the importance of exercising proper care in making the solutions, a point which has been especially emphasized by Professor Neisser. A clear and satisfactory solution can be secured in any one of the following ways: Stir the protargol powder into a thick and smooth paste with a little cold water, and then add the bulk of the fluid. This should be done in a glass or china vessel, using a glass rod; if in a mortar, the latter as well as the pestle should be slightly moistened with a few drops of glycerine. Protargol may also be readily dissolved by dusting the powder evenly upon the surface of the water and allowing the fluid to stand without stirring for about ten minutes. It is very essential that only *cold* water should be used in making the solutions, as with warm water the drug is to some extent decomposed, and then becomes less active and may cause irritation; for the same reason the solutions should be preserved in dark colored yellow bottles. In acute gonorrhea the average strength of the solutions ranges from one to ten grains to the ounce; in chronic urethritis, up to thirty grains; in diseases of the eyes, ears, nose, and throat, ten to sixty grains; as an application to wounds and ulcers, one to two per cent. solutions and five per cent. ointments are in use. Unlike nitrate of silver protargol does not stain the skin even in concentrated solution. The solutions commonly employed in gonorrhea also do not produce stains of the clothing, or if they do, only cause slight discoloration, which can be easily removed with warm soap water. The much stronger solutions of twenty to fifty per cent. sometimes leave behind brownish-yellow stains on the clothing; if recent, they can be removed with soda and ammonia; if old, by the action of peroxide of hydrogen in the presence of ammonia.

Two cases and two deaths from plague are reported to have occurred in San Francisco, Jan 12 to 19.

THE United States Commissioner of Emigration has decided that tuberculosis is a disease which may subject the patient to quarantine.

THE board of health of the City of New York has passed a resolution prohibiting the future slaughter of horses and the sale of meat from all such animals.

DR. D. P. STREET, of this city, and one of the editors of the RECORD, is now in New York, making investigations of modern sanitariums, and purchasing a complete equipment for the Vicksburg Sanitarium. In the convenience of its appointments and completeness this sanitarium will possibly have no superior in the South.

DR. T. D. CROTHERS, Editor, *Quarterly Journal of Inebriety*, in the January, 1901, number writes: "Antikamnia has become one of the standard remedies, particularly in influenza. It is prepared with various drugs in tablet form, the latest, a laxative tablet, with quinine and some mild cathartics, called 'Laxative Antikamnia & Quinine Tablets.' All of these forms are very attractive and palatable. We have never seen a case of addiction to antikamnia, hence we prize it very highly as one of the most valuable remedies for diminishing pain without peril. We have used it with excellent results to quiet pain following the withdrawal of morphia. We have received from this company many complimentary notices showing the vast influence it has secured among regular practitioners. The object of the antikamnia in 'Laxative Antikamnia & Quinine Tablets' besides its antipyretic and analgesic effect, is the prevention of all griping, nausea and other unpleasant effects generally produced by purgatives when administered alone."

IT WOULD appear from the following resolution adopted by the Louisiana State Board of Health that that state has a law requiring the vaccination of public school children:

Be it Resolved, That copies of the law be printed requiring the vaccination of public school children, and sent to each superintendent of public schools, as well as to the presidents of all educational institutions receiving public money.

VICKSBURG SANITARIUM

A Private Institution for the
Treatment of Medical and Surgical Diseases.

No Contagious or Infectious Diseases
Admitted.

*A MOST CORDIAL INVITATION IS EXTENDED TO
PHYSICIANS TO TREAT THEIR PATIENTS IN THE
INSTITUTION, WHERE THEY WILL BE
ACCORDED EVERY COURTESY
AND ATTENTION.*

Rooms large and well ventilated, and newly furnished throughout.
Equipment for aseptic surgical work complete in every detail.
Skillful and experienced graduated nurses employed.
Superior Cuisine under the supervision of a well trained cook.

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Corner Crawford and Monroe Streets.

VICKSBURG, MISS.

A Reliable Treatment for Chronic Bronchitis.

It is only within comparatively recent years that the medical profession has been able to assert positively that chronic bronchitis can be successfully treated without frequent discouraging recurrences of the attack. The key to the solution was found in the final proof that the determination and treatment of the cause was essential to complete relief. A permanent cure is questionable unless the primary cause is removed, and this may find its origin in tuberculosis, kidney trouble, disorders of the heart or infiltration of the connective tissues of the lungs with air. Coupled with the necessity for a permanent cure is found the desire for a remedy that will accomplish the desired result quickly. In this latter respect advanced medical research has brought to light a contributing remedy that is of the utmost value. Cod liver oil has always been regarded highly by the profession in chronic bronchitis, but an obstacle was encountered by reason of the frequent tendency of the oil to upset the stomach and defy digestion. In Scott's Emulsion this stumbling block has been removed and the approved treatment of chronic bronchitis can now be followed literally by reason of the ease and safety with which Scott's Emulsion can be taken by the patient. There is an element of risk attached to the use of cheap and often unreliable emulsions of cod liver oil, that physicians will do well to guard against. The tendency of such preparations to lose their value by the separation of the different ingredients and the frequent use of inferior hypophosphites and spices, is sufficient reason for the careful practitioner to avoid them.

In using and prescribing Scott's Emulsion there is no uncertainty as to the quality of the article, nor is there the slightest doubt relative to its efficacy or the uniformity of its preparation. Scott's Emulsion has, moreover, the advantages of a food-medicine, being a direct contributor of nourishment to the blood and tissues during its treatment of chronic bronchitis.

DR. J. T. B. BERRY, of Brandon, has recently returned from Havana where he attended the third Pan-American Medical Congress. While Dr. Berry expresses himself as having had a delightful trip he does not consider the Congress much of a success in some respects, especially to Americans. The language mostly used was Spanish, but in the medical section English was the language used and the papers and discussions on yellow fever were very interesting.

S C O T T ' S

emulsion of cod-liver oil; not Smith's or Jones's or Thompson's or anybody's else. Scott's.

Why Scott's?

Because Scott's is the one; has been the one for 25 years. There are 100 others: made to prey on the business of Scott's: to "beat" it, not to excel it.

Scott's is always alike. What it was and did 25 years ago, it is and is doing to-day. And it keeps: no matter how new or old, it is ripe and fresh. It is always alike, both ways.

Do your best for your patient; we'll take our chances.

SCOTT & BOWNE, 409 Pearl Street, New York.

THERE is one firm whose Pharmaceutical Preparations are of "Known Medical Value." Those of E. J. Hart & Co., L't'd., New Orleans. All their Specialties are placed with our profession on their true merits. They have lately given to every Physician in Vicksburg and large towns, an original eight ounce package of Alimentary Elixir. "The perfect liquid food and gentle stimulant;" High in Peptonoids and combined with brandy and agreeable aromatics, being most acceptable to the patient. A Compendium of their Products and sample will be sent you "without expense" on receipt of your professional card.

CARBUNCLES.—Creel has relied on Ecthol given internally, in doses of a teaspoonful, in cases of carbuncle, flax-seed poultices applied locally, emptying of pus, scraping out of dead tissue and cleansing with peroxide of hydrogen; after this a topic application of Ecthol on absorbant cotton every four to eight hours. The average duration of this treatment in his cases was ten days.—*Jour. Amer. Med. Ass'n.*

NEW ORLEANS POLYCLINIC.—Physicians will find the Poly-clinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, particularly laboratory work. Fourteenth annual session opens November 12, 1909. For further information address Dr. Isadore Dyer, Secretary, New Orleans Polyclinic, New Orleans, La.

Annual Meeting of the Association of Medical Officers of the Army and Navy of the Confederacy.

The annual meeting of this association will be held in Memphis, Tenn., in connection with the annual re-union of the United Confederate Veterans, May 28th, 30th, prox.

The committee of arrangements have sent out the following circular letter:

MEMPHIS, TENN., March 1st, 1901.

DEAR DOCTOR—The Association of Medical Officers of the Army and Navy of the Confederacy will convene in Memphis, Tenn., May 28 to 30, 1901, during the meeting of the Confederate Re-union. All Surgeons, Assistant Surgeons, Acting Assistant Surgeons, or Contract Physicians and Hospital Stewards, in the Army and Navy of the Confederate States, and all regular physicians who served honorably in any capacity in the Confederate States Army and Navy, and all regular physicians who are sons of Confederate Veterans, are eligible to membership.

You are invited to attend said meeting and contribute reports of important cases coming under your observation, and any reminiscenses worthy of preservation connected with your service in the Army or Navy of the Confederacy.

If you desire to become a member of the Association, and expect to attend the meeting next May, please fill out the enclosed blank and return the same to the Secretary at once, in order that your name may appear on the roll.

Respectfully,

G. B. MALONE, M.D.,
Chairman,
281 Main St., Memphis, Tenn.

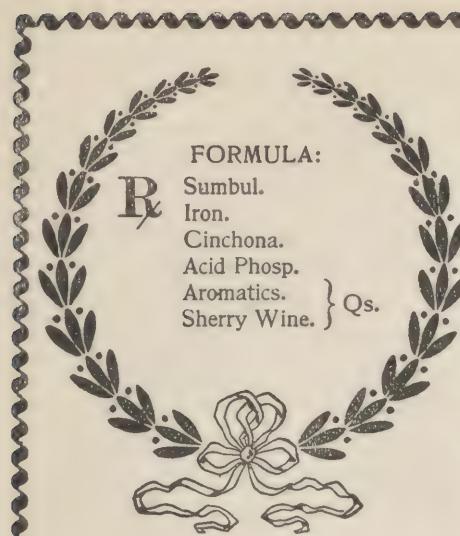
A. L. ELCAN, M.D.,
Secretary,
Southern Express Building,
Memphis, Tenn.

The enclosed blank alluded to contains space for name in full; time and place of enlistment; rank at time of enlistment; rank at close of war; character of service—Army or Navy; when and where surrendered; present address, and remarks.

Any further information desired will be most cheerfully furnished by Drs. Malone or Elcan, of Memphis, or Dr. Deering J. Roberts, Secretary of the Association, of Nashville, Tenn.

A recent visit to Memphis elicited the fact that nothing will be left undone to provide for the comfort, enjoyment and pleasure of the survivors of the late war between the states. Every man, woman and child in Memphis is fully enthused and thoroughly aroused, with a full determination that the occasion shall be both eventful and momentous to everyone who may be so fortunate as to attend.

The doctors of Memphis will see that their end of the line is fully kept up; and with a uniform railroad rate of one cent per mile over all southern and southeastern roads, the attendance should surely be a feature of the occasion.



R

FORMULA:

Sumbul.
Iron.
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Acid Phosp.
Aromatics.
Sherry Wine. } Qs.

TONO SUMBUL CORDIAL

(W. R. WARNER & CO.)

Comprises a combination of tonics in active form, which, taken under the supervision of the physician, will cause patients to gain in strength and weight.

As will be seen, it does not contain Coca or any ingredient which might induce a drug habit, but is a superior tonic, used to advantage and discontinued with no after effects.

It is palatable, and especially serviceable where the stomach of the invalid rebels at a nauseating preparation.

SEE THAT YOU GET THE ORIGINAL.

SUPERIOR TO PEPSIN OF THE HOG.

INGLUVIN

A Powder—prescribed in the same manner, doses and combinations as Pepsin.

A Specific for Vomiting in Pregnancy.

PREPARED ONLY BY

W. R. WARNER & CO.

PHILADELPHIA.

NEW YORK.

CHICAGO.

Mississippi Medical Record.

VOL. V.]

APRIL, 1901.

[No. 4.

ORIGINAL CONTRIBUTIONS.

CEREBRAL AND MENINGEAL MANIFESTATIONS OF MALARIA.

BY W. A. CARNES, M. D., KOSCIUSKO, MISS.

During the past autumn the malarial fevers were accompanied by so-called congestion of the brain to an unusual extent.

The condition is really an active hyperæmia of the brain and meninges with its results affecting children more frequently than adults probably because the nervous system of children is more easily impressed by any disease than that of adults.

In almost every case the patient had suffered with several mild paroxysms of malaria which had not received proper treatment.

The pathology of this condition is an active hyperæmia of the meninges and cortex of either the vertex or base of the brain or both. If death occurs this active hyperæmia naturally passes off; the brain is left "anæmic, pigmented and sometimes marked by œdematous; quantities of malarial parasites, phagocytes and disorganized red cells choke the cerebral capillaries forming emboli and causing thromboses, and there may be miliary hemorrhages or larger extravastions."

Two varieties of this form of malaria are met with; those characterized by very high temperature and those in which the temperature is subnormal or not over 100° or 101° F. We have the high temperature in those cases in which the cerebral hyperæmia develops gradually, the temperature rising either gradually or rapidly until it reaches a point where it becomes a dangerous condition of itself. The low temperature cases are those in which the hyperæmia comes on suddenly, the patient becoming unconscious without any preceding symptoms, unless perhaps a severe headache. This usually occurs at the period for a second or third chill or exacerbation of fever. The absence of fever is due to the great nervous shock brought on by the rapidity and severity of the onset.

In the form of the disease alluded to first in addition to the high fever, we find flushed face, bright eyes, contracted pupils, at times convulsions, full bounding pulse, with tonic contraction of facial muscles. If the patient has not lost consciousness there is great nervous excitability.

In the afebrile form we find symptoms of involvement of the base of the brain, such as pallor of surface, dilated immovable pupils or alternating irregularity of one and the other pupil, paralysis or more frequently stiffness of the facial muscles, the patient cries out frequently, grates the teeth and shows signs of great pain. There is not always loss of consciousness the patient being extremely restless, tosses about, suffers with nausea, vomits occasionally, does not notice his or her surroundings and only speaks in monosyllables when addressed and frequently calls for water. When unconscious

it is difficult to get the patient to swallow anything. The bowels are nearly always obstinately constipated.

If every case of malaria was promptly treated the death rate from this cause would be greatly lessened, the dangerous attacks being nearly always preceded by one or more light paroxysms. The administration of quinine is not understood by the laity and they do not call in a physician for slight attacks of malaria but depend on one of the many patent or proprietary chill remedies.

The treatment of these conditions should be active. Hyperpyrexia demands frequent full baths, have the water tepid at first and gradually cool to 80°, continue bath fifteen minutes, put the patient back in bed, wrap the body well and warm, allow the head to extend over the edge and pour cold water over it for fifteen minutes. This will generally quiet nervousness, stop convulsions and reduce the temperature two or three degrees. Now administer a full dose of calomel in accord with the age of the patient, then use large warm enemata of strong soap water repeatedly until bowels move well. The baths and cold applications to the head must be persistently used as often as needed until the temperature becomes more easily controlled. Indicated remedies may be given if the patient can be made to swallow them. If there is flushed face, contracted pupils, restlessness, give gelsemium—a tincture made from the green root is the only preparation to be relied upon.

After the first bath if temperature begins to rise again a dose of one of the coal tar derivatives may be tried but if it does not act promptly depend upon the baths. In cases of this kind the skin will begin to act naturally and symptoms to abate only after one or two biliary passages from the bowels as a result of the calomel; this must be secured as soon as possible by following the calomel in from four to six hours with salines, castor oil or if necessary croton oil. Vomiting must be controlled long enough for the patient to retain the calomel even if a hypodermic of morphine must be given.

With this amelioration of symptoms must come the administration of a full dose of quinine, ten grains to an adult, to be repeated in two hours, then continued in smaller doses every three or four hours so long as the temperature chart

is below 102°. This will either prevent the next exacerbation or make it much milder.

The treatment in the afebrile form consists in evacuating the bowels as above, hot applications to the extremities and the hypodermic administration of atropin sulphate to control vaso-motor paresis as manifested by pale surface, dilated pupils and cool extremities. Small doses of morphine or hyoscine hydrobromate must be given hypodermically to relieve pain in head. Where the patient is profoundly unconscious the most beneficial effects come from the application of a cantharidal blister to the occiput and back of neck. The hair must be shaved off to the upper border of the occipital bone and the cantharidal collodion applied. This treatment may seem severe but these are desperate cases and no stone should be left unturned. These are the cases that demand the constant attention of a physician, stay with your patient, study well the indications and meet them with the proper remedies and recovery will frequently be the reward.

I saw a patient during the past autumn, a boy six years old that was unconscious forty-eight hours, swallowed no water or nourishment and but little medicine, but was treated as above, his temperature never exceeded 102° and it was not over normal part of the time. The case looked hopeless, but improvement began on the third day and he made a rapid recovery. The diagnosis was malarial hyperæmia of the brain, the symptoms indicating more involvement of the basilar region than the vertex, he had been having chills for some time.

THE MIDWIFE.

BY B. L. CULLEY, M. D., JACKSON, MISS.

Should not the midwife be educated in the practice of obstetrics, a specialty of equal importance to any in the practice of medicine?

Our state law requires of all applicants to practice medicine that they shall be examined as to their knowledge of obstetrics (midwifery) *materia medica*, chemistry, anatomy, physiology, pathology, surgery and hygiene. See Code of

1892, Section 1258, prescribes penalty for practicing without license granted by the State Board of Health in the branches named. Section 3253 says: "Females engaged in the practice of midwifery are not prohibited from practice, but are entitled to engage therein without a license."

Do our lawmakers regard the practice of midwifery (obstetrics) as a branch of medical science? If it is a specialty in medicine, why not require of the midwife the same knowledge as is required of a physician choosing some other specialty; why apply a penalty to one and not to the other, especially when that one is of such vast importance to the parties concerned?

The large majority, if not all, of the midwives, are totally ignorant of the anatomical structure of the pelvis and the organs contained therein; and are equally as much in the dark, in regard to the physical forces at play, in normal labor. Being ignorant in these respects, how can it be possible to intelligently distinguish pathological conditions. If questioned in the presence of a case of labor, about all they can tell you is the pains are irregular (as to time) are light or strong.

Not one I have met could give me the stages of labor, or the division of same. They know there is such a thing as the "waters" whether broken or not and that known only by the gush and flooding of the bed.

To my mind there is no more important branch of medicine than that on which hangs the increase of nations, and often the health and happiness of mother and child,—that period, which in accord with the teachers of to-day, embraces the time when conception first takes place on through gestation, in travail of labor and to the end of the puerperium; when motherhood is first realized or repeated and on through the nursing age, and when the cycle is again repeated to the end of the procreative age of the mother and still to be repeated in her children.

In this day when so much is being done to lessen the danger to the mother from sepsis and often the necessity of surgical appliances to relieve from suffering and to the saving of life of mother and child, why is it we are indifferent in the enforcement of, and requirement of a scientific knowledge

on the part of those, and upon whose knowledge so much depends of happiness and health of the present and future generations. .

Understand me as not condemning the midwife, but pleading for sufficient knowledge, practical and scientific, to enable them to apprehend by such knowledge the difficulties that arise from pathological conditions so often interfering with normal labor, whether that be due to abnormal growths, abnormal anatomical structure or any of the many sconditions that may cause a departure from the normal labor and puerperium.

In my past experience, most all cases of sepsis have arisen from the carelessness of the midwife in the non-observance of the laws of cleanliness as laid down by Lister.

My opinion is that the same knowledge in that one branch of medicine should be required of the midwife as of any other specialty. It may be said it is impracticable of application to certain classes, for instance the negro or poorer classes, but in answer to such, when and how did the profession of medicine attain the high standard now obtained if not by gradual steps upward and, so by requiring a reasonable knowledge of the midwife and the enforcement of such after a period of years.

We will have coming on in the future those who look forward to that chosen branch with a knowledge equal to the requirements demanded. For the present I do not expect much to be done except to establish a standard that will in the future bring forth good fruit, for our children and the honor of our profession, and that will lesson the burden of responsibility that comes to the practitioner by having cases thrust upon his hands through the ignorance of the midwife. I have had recently a lady apply to me to tell her how she might attain a sufficient knowledge of midwifery, that she might practice. I believe there is an opening for good intelligent midwives, and when I say that, I know when they become proficient, it means less responsibility in that line for myself and others of my profession, but should we be so selfish as to sacrifice by our own indifference the good to come to the burden bearing, the help meet of man and the one who controls, the hand that directs the destiny of the nation, either upward or downward.

Let us as a profession rally to the cry "forward and upward" in all that pertains to our profession, and in the meantime helping to a better knowledge of those now in the field, striving as best they can to aid her sisters in the process that brings upon her the responsibilities of mother-hood with its burdens, and often the health and happiness of mother and child.

Normal labor is a simple and easy thing, but when there is a departure from that, from whatever cause, it certainly behooves all those who would shoulder the responsibility to be prepared to intelligently bring to a safe anchorage out of the storm the ship of life committed to their care.

SPECIAL CORRESPONDENCE.

The third Pan-American Medical Congress met February 4th in the historic old city of Havana, Cuba, and was in session four days..

The formal opening of the Congress was held in Tacon Theatre the largest theatre in the city. The other two general sessions were held in the Marti Theatre. The different sections met in the lecture rooms of the University of Havana. At the formal opening Governor-General Wood, in a few well chosen words welcomed the delegates to the City of Havana and to the Island of Cuba. After Gen. Wood's address the President of the Congress, Dr. Juan Santos Fernandez, delivered his address (in Spanish). He dwelt largely upon the progress of the medical science in Cuba. The social functions, consisting of receptions, excursions, balls, etc., were well planned and added much to the pleasure of the visitors while in Havana. Altogether it was a pleasant and profitable trip in many respects. There were about four hundred delegates in attendance. Of this number seventy-seven were from the United States. Thirteen countries were represented. It was announced before hand that Portuguese, French, Spanish and English would be the languages used in the reading and discussion of papers presented to the Congress, but I think only Spanish and English were used, and not much of English. The Spanish speaking delegates being so much in the majority of course that language prevailed. This placed the American delegates at a great dis-

advantage for but few of them could speak or understand Spanish. To offset this most of the papers were in both languages but the discussions were unsatisfactory. The Congress was divided into twenty-two sections. Those in which most interest seemed to be manifested were General Practice of Medicine, and on Surgery, and Gynecology. I think it was a mistake to have so many sections. I think it detracted from the success of the real objects of the Congress to some extent. If I am correctly informed the main objects had in view in the conception and organization of this Congress were to study and discuss contagious and infectious diseases; bring the health authorities of the different countries of this continent into closer touch with each other; thereby enabling them to work more in concert in controlling and suppressing such diseases.

If the Congress will hold to these purposes and direct most of its work and investigations along this line it will accomplish much good. It will be a grand and lasting monument to the memory of the man whose brain conceived and whose skill, energy and executive ability organized it, and who presided over its destinies at two meetings.

A suitable and highly eulogistic resolution was adopted at the last general session deploreding the death of the late Dr. Wm. Pepper and commending his many good works but especially his untiring efforts in organizing the Pan-American Medical Congress.

Many papers which were on the programme to be read did not materialize.

Dr. Wilde, Minister to Washington from the Argentine Republic in his paper suggested the idea to convene a Health Congress to be composed of delegates representing the various governments of America which may recognize the call. The mission of the Congress to be to propose a plan for a treaty in which ways and means could be adopted for the suppression of yellow fever at the places of its origin and wherever it exists. This idea was incorporated in a resolution adopted by the Congress at one of the general sessions. This same idea was also advanced by Dr. Porter, health officer of Florida, neither he or Dr. Wilde knowing of each other's purpose.

But the most important paper presented to the Congress and the one which elicited the most interest and discussion was Major Walter Reed's report of the investigations of the commission of which he was president, on "The Etiology of Yellow Fever." His first report was published in the *Philadelphia Medical Journal*, October 27th, 1900. This last report is published in *The Journal of the American Medical Association*, February 16th, 1901. This Commission consisted of Walter Reed, M. D., James Carroll, M. D., A. Agramonte and J. W. Lazear, M. D.

Dr. Lazear died in September, 1900 while pursuing these investigations of yellow fever.

These gentlemen proved beyond any doubt that yellow fever may be, and is communicated by the bite of certain mosquitos, *Culex fasciatus*. They also produced evidence very strongly in favor of their allegation that it is *not* conveyed by fomites.

But as the conclusions of this report were published in the last issue of the *Record* it is useless to dwell longer upon it here.

The next meeting of the Congress will be held in December, 1903 in Buenos Ayres, Argentine Republic.

I cannot close this letter without referring to the work done by Governor-General Wood in Havana, in putting the city in a better sanitary condition. It is said that two years ago when he began his work that the sanitary condition was deplorably bad. Now few cities in this country present a cleaner, more healthful appearance. The streets are kept swept clean, and he has organized house to house inspection and cleaning forces. As a result of this the death rate last year was twenty-four per thousand—a lower rate than has been for many years, and a lower rate than in many cities in this country. Besides, last year there was a large influx of Spanish immigrants into the city. Of a total immigration of 24,124, 21,203 were Spaniards—mostly of the poorer classes. It was among these that most of the deaths from yellow fever occurred last year.

J. T. B. BERRY.

BRANDON, MISS.

ABSTRACTS AND EXTRACTS.

Recent Observations on Diphtheria.

The clinical features of diphtheria have been so considerably modified within the last few years by the use of antitoxin that the classical description of Bretonneau must, indeed, sound a strange note to those whose experience with this disease dates back hardly more than five or six years. Any recent careful study of this curse that struck terror to the hearts of our fathers must then not only be of special, but general interest. An extremely interesting paper just published by Dr. Fred Grant Burrows (*American Journal of Medical Science*, February 1901) summarizes the results of the writer's experience with 2,093 cases of diphtheria treated at the Boston City Hospital from August, 1899, to a corresponding period in the following year.

From being the most fatal of the acute infectious diseases, with a death-rate of from 30 to 50 per cent., its mortality has so greatly decreased that it is scarcely a more important factor in the total death-rate of Boston than typhoid fever. The last and Twenty-Seventh Annual Report of the Board of Health of that city shows a mortality of 9.7 per cent. Of the 2,093 cases treated, 131 proved to have a mixed infection and 1,962 were uncomplicated. Among the latter 240 died, giving a mortality rate of 12.23 per cent.; but of those that died 69 were moribund when admitted and died within twenty-four hours of admission.

The majority of those admitted were females, but no noteworthy difference in the death-rate of the sexes were observed. Most of the patients were under fifty years of age. For these the death-rate was 14 per cent.; and for those above that date it was only 2.85 per cent. An examination of the tables given by Dr. Burrows shows a decreasing death-rate from infancy to adult life.

A study of the membrane distribution shows that, although quite variable, both tonsils were generally the seat of election; occasionally the uvula, posterior pharyngeal wall, palate, lips, tongue, cheek, external auditory canal, eye, labiæ majoræ and minoræ, nostrils and skin, were affected, sometimes alone or associated with membrane-formation elsewhere. It is important to point out in this connection that the diphtheritic membrane merely represents in a general way the amount of local reaction wherever it may be situated; but its amount of distribution bears no definite relation to the quantity of poison absorbed and the conse-

quent toxemia—often enough severe and even fatal cases of diphtheria are seen without any membrane whatsoever. It is therefore, as Burrows says, but one of the guides in the administration of the antitoxin.

There is one extremely important point worthy of mention in connection with the bacteriological diagnosis of the disease. The observation is, however, by no means new, being perfectly well known to students of diphtheria. Some of the worst cases, studied by the writer, with thick and extensive false membrane, persistently gave negative cultures until the membrane began to disappear, when it became possible to take cultures from the mucous membrane of the throat, and many diphtheria bacilli would be demonstrated. With regard to the bacteriological diagnosis, experience has shown it invaluable and necessary, but, as is properly stated in this paper, it is often impossible to wait for bacteriological confirmation. In such cases the clinical picture should be the basis of judgment and, at all events, when in doubt experience has shown that it is far safer to administer the antitoxin and otherwise treat as a case of diphtheria.

Over one-half of the cases showed evidence of cardiac disturbance at some time during the course of the disease; usually it proved slight and transitory. Murmers were not uncommon. Irregularity of heart-action was also frequent and, as noted by others, most conspicuous in those cases in which there has been nasal diphtheria. Rotch more than ten years ago explained this by pointing out the extremely abundant supply of lymphatics to the nasopharynx.

A little over twenty-eight per cent. of the cases in which the urine was examined showed albumin, in no instance above one-fourth of one per cent. Nephritis was uncommon.

In this series of 1,962 cases, 337 had laryngeal stenosis; of this number, 213 were intubated and 124 were relieved by the antitoxin without intubation. In the laryngeal cases the death-rate was 31.4 per cent. The early cases without operation showed a mortality of only 8 per cent., whereas in the operative (and late) cases it jumped to 45 per cent. Dr. Burrows strongly advocates the abandonment of primary tracheotomy in the treatment of simple diphtheritic laryngeal stenosis; in this he is supported by McCullum of Boston and others. Among the complications observed were middle-ear disease (3 per cent.), palatal, oculomotor, and deltoid paralyses, and hemiplegia in one instance. The patellar reflexes were often found diminished. On the whole, the nervous complications were fewer than before the administration of antitoxin. Of the cases that died 71.6 per cent. succumbed

in the acute stage of the disease; the others died in the secondary stage, or later of some other and complicating condition.

As already shown, the amount and distribution of the membrane cannot be taken as an index upon which to base the administration of antitoxin; in this the experience of others was again conclusively demonstrated by the experience at the Boston City Hospital. At the hospital 4,000 unit-doses are given and repeated every four hours as long as may be necessary; in a few very severe cases this amount was even exceeded. The earlier the administration of the antitoxin, the better the results.—*Medical News.*

The Prevention and Treatment of Post-Partum Hemorrhage.

This subject was discussed at the recent meeting of the British Medical Association, the basis for the discussion being a paper contributed by Byers, of Belfast (*British Medical Journal*, 1900, No. 2072). It is stated that the average amount of blood lost in childbirth is about one pound. Clinically, however, no fixed amount can be taken as constituting haemorrhage, as each patient differs in this respect from others. The obstetrician must expect that post-partum haemorrhage may occur where there is a history of haemorrhage at previous confinements, where pregnancies follow each other rapidly, where patients take little exercise, eat freely and use stimulants, in elderly primiparæ, and where metritis exists during pregnancy. Over-distention of the uterus or the presence of a tumor also favors haemorrhage. Albuminuria, extreme mental depression, and disturbances of the vascular system predisposes to it. During labor, pains which are strong and quick, but cease suddenly, with long intervals between the pains, should arouse suspicion of uterine exhaustion; rapid, jerking pulse, with low tension, is also present in many of these cases.

In prophylaxis, attention is called to the importance of managing properly the third stage of labor. The left hand of the obstetrician must follow down the uterus, not using massage or stimulating it in normal cases, but controlling it. The cord is tied by two ligatures—one near the child and the other close to the vulva of the mother. When the placenta has been separated, several inches of the cord are expelled; this can be determined by the altered position of the ligature upon the cord. The separation of the placenta is also recognized by a swelling detected above the pubes, due to the bulging of the lower uterine segment, and sometimes taken for a distended bladder. The uterus rises up suddenly and becomes more movable than formerly.

In addition to the proper delivery of the placenta and the removal of all portions, it is most important in avoiding post-partum haemorrhage, not to deliver in the absence of pains. This is almost sure to be followed by severe haemorrhage. Byers counsels the use of strychnine and ergot before and during labor in suspected cases, with hydrochloric acid in plethoric patients and iron in those who are anaemic.

In the actual treatment of haemorrhage he would use uterine massage, hot intra-uterine douching with normal salt solution, the introduction of the hand and the removal of adherent portions of placenta or membrane, packing the uterus with antiseptic gauze, and dragging down the uterus, after gauze packing, by stout tenaculum forceps passed through the lip of the cervix. Should haemorrhage occur from lacerations, they must be closed by suture. In after-treatment injection of normal salt solution and stimuli, with abundant nourishment, is indicated.—*Amer. Jour. Med. Sciences.*

TETANUS FOLLOWING CLEAN WOUNDS: JOSEPH R. BISSELL, New York. The author relates two cases in which tetanus appeared several days after operation, without any history of the source of infection. Both patients died. In both instances the aseptic precautions were thorough and efficient against the usual bacteria, as shown by a practically normal post-operative course, and by the fact that other cases operated upon under the same conditions and at about the same date were uninfected.

The writer argues from this that either our antiseptic measures as now practiced are useless against tetanus bacilli, or the germ is taken into the human body or upon it at some preceding date, months or even years antecedent where it remains quiescent until aroused to activity by the conditions produced by an operation. He cites cases from the literature of the disease where the bacillus was known to have remained in the human organism for a period of time, varying from several months to five and a half years, without morbid effects, until some operation or other trauma excited it to the production of its poison.

To avoid this accident from either or both of these causes, Bissell advises before each operation the use of preventive vaccination by the antitoxin serum. This to be employed in all cases where a history of exposure can be obtained, however remote; in epidemics of tetanus; where there are cases in the hospital or neighborhood; in districts where tetanus is common; or injuries where the wound has been contaminated with earth.

According to Bissell, the serum-therapy treatment offers the most favorable chance for a cure, but sedatives, like chlo-

ral, the bromides and physostigmine, must be used in connection with the antitoxin. The serum is best used by injection into the lateral ventricle, or by the subdural route. In preventive inoculations the antitoxin is given subcutaneously, and in large quantities. In severe cases of tetanus it may be necessary to use the antitoxin by all three of these methods, together with the intravenous injection.—*Medical Mirror.*

FISTULA IN ANO: SAMUEL G. GANT, Professor of Diseases of Rectum, New York Post-Graduate School, etc. *International Medical Magazine*, says :

Fistula with an opening in any part of the rectum is usually denominated *fistula in ano*. It would give one a better idea of the location of fistulae if those occurring high up in the bowels were designated *rectal* and those found at the anal margin *anal fistula*. They are preceded by abscess, simple or tubercular, and in fact serve as a sewer for the escape of pus which accumulates in the abscess cavity. Usually fistula is not a serious affection; now and then, however, when a sinus exists between the rectum and neighboring organs, it is difficult to cure, and it has been known to cause death. The various kinds of fistulae are named according to the number, direction and location of their opening: (a) Complete when there is one in the rectum and one upon the surface; (b) blind internal has one in the bowel and none on the buttocks; (c) blind external the reverse of the latter; (d) complete external when there are two openings upon the surface; (e) blind internal when there are two within the rectum; (f) horseshoe when the sinus encircles the bowel with outlets in and outside the bowels; (g) recto-vaginal; (h) recto-urethral; (i) recto-vesical, when the sinus opens into the rectum and above organs. The most common form, however, is the first or complete variety.

Treatment.—When the variety of fistula has been determined, the treatment will, in the majority of cases, suggest itself. Sometimes a sinus heals spontaneously, but the most satisfactory way to deal with them is to lay the track open and allow it to heal by granulation. In persons who do not wish to take an anesthetic, be confined to bed, or have the knife used, we should try the injection or ligature operations, then, if these fail, we can make a radical operation, having in the meantime persuaded the patient that this is the best method.

Injection Treatment.—After having moved the bowel and cleansed the sinus, the external opening should be dilated with graduated probes or tents to insure drainage. Then

pass a small probe, to which is attached a piece of cotton on a thread, through the sinus into the rectum, pulling the cotton upward until it rests beneath the membrane, where it is allowed to remain; this is done to keep the sinus free from fecal matter. The fistula is curetted with a very small wire curet and injected with ergotin, zinc, alum, or other reliable stimulant astringent. If successful, the sinus will heal from above downward and do so after six or eight treatments. When nearly well, jerk the cotton out and make a final injection into the internal opening.

Ligature Method.—Persons suffering from tubercular fistulae should not be required to take a general anesthetic and submit to a cutting operation as a rule, but should have an elastic ligature passed through the sinus out at the anus and tied, thus including the bridge of tissues covering track. Patients thus operated upon do well because they do not lose any blood, the lungs are not irritated by anesthesia, and they can spend their time in the fresh air and sunshine, which is important.

Operation of Incision.—Some surgeons have advised dissecting out of the sinus and immediate closure of the wound. This method has not given satisfaction because of the many failures due to infection from the rectal end of the wound. Those of us who confine our work to rectal surgery find we get the best results from simple *incision* and curettage, being careful to renew branch sinuses, allowing the wound to heal by granulation. Sometimes excessive granulations appear; these can easily be destroyed by caustic silver. Again a wound can be packed so tightly as to arrest healing. A wound should not be permitted to bridge over, but made to heal solidly from the bottom; in fact as much depends on the after treatment of fistula as upon the operation.

THE CAUSE OF SMALLPOX.—The history of the search for the etiological factor of smallpox is one of much interest because of the extreme elusiveness of the agent in question. Bacteriologists have seemed to have come to the opinion that a bacterium is not the cause of the disease, or, if it is, it is one too small for the present powers of the microscope and as yet uncultivable.

Within recent years investigators have scanned the zoological field, and Dantzig in 1868 first described a corpuscle, which Renaut of Lyons and Van der Loeff of Amsterdam, in 1881, and 1886 respectively, held was probably a protozoon. More precise ideas were given by L. Pfeiffer in 1887–1891 in his studies on “*Die Protozoon als Krankheits Erreger.*”

One of the latest studies is that of M. Funck of the University of Brussels (*Brit. Med. Jour.*, Feb. 23, 1891). He de-

scribes, in a preliminary note, a protozoon, occurring in three different forms which, he maintains, are the true agents in the causation of smallpox. He has named it the *Sporidium vaccinale* and credits Pfeiffer as the first to accurately describe it.

As yet the presentation of the author's studies is too incomplete to hazard an opinion on the work. We here append his conclusions without comment: (1) Vaccinia is not a microbic disease. (2) It is caused by protozoon easily found in all vaccine pustules and in all active vaccine. (3) The inoculation of this protozoon in a sterile emulsion reproduces in susceptible animals all the classical symptoms of vaccinia. (4) This inoculation renders the animals refractory to subsequent inoculation with vaccine. (5) The variolous pustules contains a protozoon morphologically similar to that in the vaccine. (6) It follows that variola and vaccinia are two identical affections, that vaccine is nothing more than attenuated form of variola, and that consequently the immunity to smallpox which vaccination confers does not form an exception to the general laws of specific immunity.—*Medical News.*

Sanmetto a Necessary Factor and Adjuvant in the Treatment of Genito-Urinary Diseases.

I have used Sanmetto in many cases of sub-acute and chronic cystitis, in chronic and acute prostatic troubles, in enuresis, vesico seminal weakness, gleet, and many other genito-urinary difficulties, with uniform and gratifying success—and because of the satisfaction Sanmetto has given me in my practice, I am led to depart from my custom of writing no testimonials for any proprietary medicines, and say that I regard Sanmetto as a necessary factor and adjuvant in the treatment of genito-urinary diseases.

JAS. F. MILLER, M. D.,

Mem. Am. Inst. of Homeopathy and Ohio State Homeo. Med.
Soc., etc.

BELLEVUE, O.

THERAPEUTICS.

ICHTHYOL IN THE TREATMENT OF DEEP-SEATED INFLAMMATION, *New York Medical Journal*, Dr. Slevin says:

"After having used ichthyol in a number of different formulae where the resultant action has not been as desired, I have at last obtained a formula, which, if used properly, will relieve deep-seated, as well as superficial inflammations.

The formula is as follows:

R	Ichthyol	- - - -	45 grains
	Lead iodide	- - - -	45 grains
	Ammonium chloride	- -	10 grains
	Petrolatum,	enough to make 1 ounce.	

The substitution of glycerine, rose ointment, or cacao butter does not alter its efficiency. It should be applied by rubbing upon the inflamed parts. The results of the application in three different cases are here described:

Case I. James F., aged twenty-one years, had a marked swelling on both sides of the face, involving the nose and extending to the eyes, with high fever, great prostration and partial delirium.

Diagnosis: Erysipelas.

Treatment: Had the preparation rubbed into site of inflammation every hour; subsidence of the condition in twenty-four hours.

Case II. Mary McN., aged thirty years, had a large swelling on left side of the face involving the glands of face and neck; could not open the mouth; high fever; dyspnœa; dysphagia, and appearance of impending death. The swelling was very hard and tense; therefore to incise it would be futile.

Diagnosis: Circumtonsillar abscess (quinsy sore throat).

Treatment: Application of the preparation every hour, with cure in twelve hours.

Case III. John C., aged six months, rales over both sides of the chest; bronchial breathing; broncophony and slight dyspnœa.

Diagnosis: Broncho pneumonia.

Treatment: The preparation was rubbed into the chest, and all symptoms disappeared on the following day.

From the cases described it can be readily seen that in acute inflammatory conditions the results have been most excellent.

It seems to me that this formula should be most effective when used in chronic conditions, inflammations, glandular enlargements, and ulcerations, whether of specific nature or otherwise, as it is a great aid to absorption.

DIPHTHERIA ANTITOXIN USED SUCCESSFULLY BY THE MOUTH,
—W. Campbell McDonnell, M. R. C. S. Eng., L. R. C. P..
London, reports the following case in the *Lancet*:

It being thought that the antitoxin of diphtheria must, for successful exhibition, be hypodermically injected, the following may be useful.

A girl, aged fourteen years having both tonsils covered with a soft white pellicle and with no symptoms but a sore throat, very slight enlargement of the related lymph glands and a temperature of 38.2° C., at 11:00 A. M., on November 12th, 1900, was given 1,500 units of antitoxin by the mouth on the second day of the illness. The antitoxin had been issued by Burroughs and Wellcome in the dry state, and was twenty months old. One patch yielded the diphtheria bacillus, as was certified by the medical officer of health. Within twenty hours of giving the antitoxin, the right tonsil was quite clear. No application was made, nor was any gargle used to the throat. On the third day there was no pellicle to be seen and at 11:30, A. M., the temperature was 35.8° C. On the fourth morning the temperature was 35.8° C. On the tonsil which was at first most affected was seen a slight recurrence of the pellicle. For this another 1,500 units of the dissolved dry antitoxin were given by the mouth. She recovered uneventfully, and as quickly as possible.

In an earlier case, where the struggling, on attempting to hypodermically inject the antitoxin of diphtheria, made that method impracticable, the antitoxin was rectally injected. The benefit was equal to that in the case described above. In this case, however, diphtheria was not bacteriologically proved, but clinically certain.—*Medical Review of Reviews*.

TREATMENT OF ERYSIPelas.—N. G. KEIRLE, Jr., (*Phil. Med. Jour.*, Feb. 16, 1901,) has had such success in the treatment of erysipelas by the following method that he no longer fears the disease: Of thirty cases, not a single one failed to yield to treatment in a few days, usually three or four. The affected area was first enclosed in a painted ring of tincture of iodine. The ring should be two or three inches from the margin of the reddened area, and a sufficient number of coats should be applied to cause a slight desquamation of the upper layers of the skin. At the same time the whole of the surface enclosed in the ring should be covered with an ointment of ichthyol, about one dram to one or two ounces of vaseline. This should be covered with a piece of gauze and a hot stupe applied and changed every four hours. At the end of twelve hours the ointment should be washed off and a fresh coat applied, and, if the iodine has not had a sufficient effect, one or more coats should be applied. As is stated, three or four days of this treatment stopped the disease, the inflammation not crossing the painted ring.—*Medical News.*

IN THE COLIC of infants due to indigestion or over-feeding, to constipation or to improper food the following is recommended by *The Journal of the American Medical Association.*

R	Misturæ rhei et sodaæ	-	-	-	5ss
	Spts. etheris camp. (Hoffman)	-	-	-	mxl
	Syr. rhei arom. q. s. ad	-	-	-	5i

M. Sig. One-half tea-spoonful, to be repeated in one-half to three-quarters of an hour for an infant three or four weeks old. For younger infants the dose is from 15 to 20 drops; for older ones, from one-half to one teaspoonful, according to age.

METHYLINE BLUE IN THE TREATMENT OF MALARIA.—Dr. M. Dunu, *Journal of the American Medical Association*, states that there is no remedy equal to methylene blue in cutting short malarial fever. He prescribes it as follows:

R	Methylene blue	-	-	-	-	grs ii
	Quininæ sulphatis	-	-	-	-	grs ii
	Ferri carbonatis	-	-	-	-	gr i
	Acdi arsenosi	-	-	-	-	gr 1-50

M. Ft. Cap. No. i. Sig: One such capsule every 3 hours.

VOMITING OF PREGNANCY. Baer recommends the following combination in vomiting of pregnancy:

Ry	Bismuthi subnitratis	-	-	-	-	ʒii
	Pepsini sacchari	-	-	-	-	ʒi
	Sodi bicarb.	-	-	-	-	ʒss
	Sacch. lactis	-	-	-	-	ʒi

M. ft. chart. No. xii. Sig. One powder every 3 hours.

In addition he advises the following:

Ry	Acidi nitro-hydrochlor. dil.	-	-	-	-	ʒiss
	Spts. limonis	-	-	-	-	ʒi
	Syr. simplicis	-	-	-	-	ʒii

M. Sig. One teaspoonful in a wine glass of ice water three times a day.—*Jour. A. M. A.*

TREATMENT OF FURUNCLES.

Ry	Ichthyol	-	-	-	-	-	ʒiv
	Etheris sulph.	-	-	-	-	-	
	Alcoholis—50 per cent.—aa	-	-	-	-	-	

M. Sig. Apply locally after shaving the part, and repeat in order to form layers of ichthyol over the part.—*Jour. A. M. A.*

ACUTE PROSTATITIS WITH VESICAL TENESMUS. The following is said to be a most valuable treatment in this trouble:

Ry	Ichthyol	-	-	-	-	-	min 20
	Etx. hyocyamus	-	-	-	-	-	grn. 6
	Ext. opium	-	-	-	-	-	grn. 4

Oil theobroma to make 6 suppositories.

Sig. Insert one every six hours.

EDITORIAL.

EDITORS AND PROPRIETORS :

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RECIPROCITY IN MEDICAL PRACTICE.

In view of the impracticability of reciprocity in medical practice, under present state laws, we have up to this time said but little upon the subject. The *Medical Record*, New York, of March 16th, contains an editorial on this subject that is well worth a careful reading by every one interested in the subject: It says, "no subject connected with medical reform has been discussed so fully within the past few years as that of reciprocity in medical practice. The question has been treated from every conceivable point of view—indeed, many will think that there can be nothing further to say, and that to dwell upon the matter again is but a waste of pen and ink. Interstate medical reciprocity, however, concerns intimately every physician in the United States, and, in a scarcely less degree, the community at large. It is of surpassing importance, and should be—until needful reforms have been introduced—ever kept before the eyes of the medical profession and the general public. There is a saying that 'constant dropping will wear away a stone,' and upon the same principle, by constantly working upon the subject, it is to be hoped that physicians may be roused from their lethargy and as a body be brought to appreciate the fact that a uniform raising of the standard of medical education must be of benefit to them, and also that the lay population of the country may become convinced that it will be to their advantage to be enabled to avail themselves of the services of thoroughly competent physicians. The London *Lancet*, of January 22d, takes as its text two pamphlets written by Dr. Emile Amberg of Detroit, dealing with interstate reciprocity, and considers the question at some length. A part of the

article reads as follows: ‘The great object in legislation in regard to medical qualifications in all countries is to secure competency in those who receive a license to practise. The only way to attain this security is by regulating the number of bodies having the power to grant qualifications, by depriving them of excuses for competing downward in such work, and by supervising the work they do with competent and independent inspection. The multiplication of medical colleges and corporations, with power to grant licenses beyond all inspections and control by a supervising or central body, is the sure way to lower standards and to retard and degrade medical education, at the expense of the public. This is the unhappy state of matters in the United States, which constitutes almost the despair of those responsible for American medical education, than whom there are none in the world more anxious to promote the advance of medical science in the interests of the people.’

The above is a fair presentation of the conditions prevailing in the United States so far as medical education is concerned. The remedy suggested also would tend to bring about an amelioration of the existing unsatisfactory and anomalous situation.

The truth is that interstate medical reciprocity is at a complete standstill, and will continue to be so until the first necessary steps shall be taken.

That a solution of the difficulty hinges upon a uniform standard of medical education throughout the country is indisputable, Dr. William Warren Potter hits the right nail on the head when he says under the heading ‘Equality of Standards a Basis for Reciprocity’: ‘The only equitable basis upon which reciprocity can be established that appears both feasible and practicable is that of equality of standards for admission to the study and practice of medicine. This implies an equalization of the preliminary requirements of medical students and a uniformity of applying the tests, a uniform period of collegiate training, including uniformity of methods of teaching, and finally an absolute similarity in the method of conducting state examinations and granting licenses.’

The *Medical Record*, March 18, 1899, expressed views of like nature, phrased thus: ‘That in no instance should a

medical degree be conferred unless the candidate has undergone a course of study, of at least four years, and that the final examination shall be undertaken by an independent and unbiased board.'

The crux of the problem is the manner in which this uniformity is to be compassed. The hope is vain that in a week or even in a year such a radical change can be attained. The process of evolution must go on slowly in order to reach sound and practical results. The question then comes up, Can nothing be done at once to initiate the desired reforms? Dr. Emile Amberg thinks this question may be answered in the affirmative, and is of the opinion that the states might be temporarily divided into six groups, taking as a basis the preliminary education, the medical education proper, and the final state examination. Although this plan sounds rather cumbersome, it might, if feasible, be worthy of trial, for the reason as Dr. Amberg says, 'that six groups are preferable to fifty-one or more groups.'

The medical profession until recently has shown itself somewhat apathetic and indifferent on the subject. Of late it has awakened to the seriousness of its position, and by its press, medical societies and individual members, has demonstrated an interest in interstate reciprocity. If it will continue in this path and follow the strenuous example of the Wayne County Medical Society, there can be no doubt that in the course of time the end in view will be gained. In the mean while the medical profession and the press must urge the matter by every means in their power and endeavor to impress upon the non-medical part of the population the great desirability of the uniform high standard of medical education in every state of the country."

We do not think there can be any doubt as to the advantages and desirability of reciprocity in medical practice. The question then is, how can this end be attained? It is a well known fact that states alone have the power to regulate the practice of medicine in their respective borders. It is a question with which the general government can not deal. This being the case it can be readily understood how difficult a matter it is to attain uniformity of standard for admission to the practice. If all states would enact uniform laws fixing the requirements for admission of applicants to examination,

and give to the state examining boards the power to establish reciprocity with other states then the way would be clear. The requirements for admission to examination should be evidence of a good moral character of the applicant, and a diploma from a reputable medical college. The American Medical Association, being the most representative body of American physicians, could fix the standard of requirements for admission of students to medical colleges and determine the efficiency of medical colleges in teaching medicine, and point out to state boards the reputable medical colleges of this country. In order to do this it should, by a standing committee, inspect from time to time the methods of teaching and the facilities for teaching medicine in the various colleges of the country and make annual reports on same, these reports to be furnished to the state examining boards. This committee should also look carefully into the standard of requirements, and methods and scope of examinations by the various state examining boards, and also make reports on these; said reports also to be furnished the various boards. We realize the difficulties in the way of such a method : 1. The adoption of the method would be entirely optional with the state examining boards. 2. It would require money to sustain the committee in the work.

The committee, though, would be an independent body and the state boards could certainly rely on its reports. Any method of inspecting medical colleges and examining boards would require money and there is no government authorized to appropriate money for such a purpose, so the work, if done at all, must be done by some organization independent of any government and the results of the work may or may not be accepted by the examining boards.

Another method might be adopted: Organize a National Association of Medical Examining Boards with a representation from each State Medical Board desiring reciprocity. Let this Association, on evidence furnished by the state boards themselves, determine the standard of the various state boards, and also upon evidence from the same source agree upon what should be termed a reputable medical college, and if necessary go further and indicate by name the reputable and non-reputable colleges of the country. Information as to the requirements of admission of students, the

efficiency of the teaching, and the facilities for teaching medicine can be obtained by the state boards in their respective states and furnished the National Association. Upon this information the association can decide and indicate to the state boards by name the reputable colleges of the entire country. Such an association might be organized at once by the states whose laws will permit reciprocity, and other states join as rapidly as such laws can be enacted. In a few years many states would doubtless be able to become members of the association and it would gradually extend to every state in the Union.

MEETING OF THE STATE BOARD OF HEALTH.

The Mississippi State Board of Health met in the city of Jackson, March 20th, for the purpose of electing county health officers. From the counties of Madison, Tunica and Coahoma the contest was very bitter.

We believe the selection made in Coahoma illustrates very forcibly the fallacy of a custom of the Board that has obtained possibly since its organization. It is a custom that should no longer be practiced and in our judgment the sooner departed from the better it will be for the public health interest of Mississippi. In making this statement we intend no reflection upon any party concerned in this transaction, but do so because we believe the public interest demands the abandonment of a custom that is wrong in principle and can be abused. It is an unwritten law of the State Board of Health to elect *any person* for county health officer upon the nomination of any member of the Board from his own county. Each member of the Board shares equally in the responsibility of the election of every health officer in the state. A question of principle is often involved in casting a ballot for any public official, and when such a question is involved each man should be free to vote his own convictions. In the county referred to Dr. E. H. Martin, the present incumbent, of Clarksdale, was defeated by Dr. T. A. Carter, of Lula. Dr. Martin has made an efficient officer, is a member of the Mississippi State Medical Association, the Tri-State Medical Association (Mississippi, Arkansas and Tennessee), and the American Medical Association. He is regarded by the pro-

fession, and is one of the brightest and most progressive medical men in the state. He has always stood for organized medicine in Mississippi. He lives at the county seat, in a town of some two thousand inhabitants and in the most populous portion of the county. It is stated upon good authority that four-fifths of the population of the county live within five miles of Clarksdale.

Dr. Carter, the successful applicant, is said to be a good young physician. He lives in the village of Lula, of some two hundred inhabitants within a mile and a half of the northern boundary line of the county, in a thinly populated section. He is not a member of the Mississippi State Medical Association.

Dr. Martin has the *satisfaction* of knowing that his defeat was permitted by his personal and professional friends out of deference to a *custom* which many believe would be "more honored in the breach than the observance."

The following is a list of the health officers elected:

ADAMS—W. H. Aikman, Natchez. ALCORN—Theodore Borroum, Corinth. AMITE—R. M. Butler, Liberty. ATALLA—W. A. Carnes, Kosciusko. BENTON—Frank Therrell, Ashland. BOLIVAR—H. L. Sutherland, Rosedale. CALHOUN—R. E. Creekmore, Pittsboro. CARROLL—J. A. McBride, Carrollton. CHICKASAW—D. F. Morgan, Okalona. CHOCTAW—J. D. Weeks, Ackerman. COVINGTON—H. N. Blunt, Williamsburg. CLAIBORNE—D. W. Jones, Jr., Hermanville. CLARKE—R. M. Hand, Shubuta. CLAY—J. B. Gresham, West Point. COAHOMA—T. A. Carter, Lula. COPIAH—G. W. Purnell, Hazlehurst. DESOTO—T. M. Jones, Hernando. FRANKLIN—T. K. Magee, Hamburg. GREENE—Samuel Poole, Leakesville. GRENADA—J. W. Young, Grenada. HANCOCK—J. R. Fontaine, Pearlington or Bay St. Louis. HARRISON—C. A. Sheeley, Gulfport. HINDS—S. H. McLean, Jackson. HOLMES—G. W. Phillips, Lexington. ITTAWAMBA—A. Copeland, Fulton. ISSAQUENA—W. H. Scudder, Mayersville. JACKSON—W. R. Kells, Scranton. JASPER—T. A. Dantzler, Heidleberg. JEFFERSON—J. C. McNair, Fayette. JONES—J. H. Cook, Laurell. KEMPER—H. W. Rencher, Scooba. LAFAYETTE—J. P. Wilkins, Oxford. LAUDERDALE—J. R. Tackett, Meridian. LAWRENCE—T. H. Butler, Monticello. LEAKE—L. H. Howard, Carthage. LEE—W. C. Spencer, Verona. LEFLORE—J. W. Dulaney, Greenwood. LINCOLN—J. T. Butler, Brookhaven. LOWNDES—J. W. Lipscomb, Columbus. MADISON—W. M. Yandell, Canton. MARION—Buford Larkin, Columbia. MARSHALL—R. A. Seale, Holly Springs. MONROE—R. P. Wendel, Aberdeen. MONTGOMERY—B. F. Ward, Winona. NESHOBIA—D. J. Rush, Laurell Hill. NEWTON—J. B. Bailey, Conehatta. NOXUBEE—H. A. Minor, Macon. OKTIBBEHA—

J. W. Eckford, Starkeville. PANOLA—P. K. Perkins, Batesville. PEARL RIVER—W. J. Hunnicutt, Poplarville. PERRY—W. W. Crawford, Hattiesburg. PIKE—G. W. Robertson, Magnolia. PONTOTOC—M. R. Clark, Pontotoc. PRENTISS—S. M. Walker, Baldwyn. QUITMAN—W. B. Clark, Belen. RANKIN—A. G. McLaurin, Brandon. SCOTT—J. J. Haralson, Forest. SHARKEY—J. C. Hall, Anguilla. SIMPSON—E. K. White, Saratoga. SMITH—W. H. Hill, Sylvanino. SUNFLOWER—W. B. Martin, Indianola. TALLAHATCHIE—. TATE—D. H. McCain, Cold Water. TISHOMINGO—E. T. Carmack, Iuka. TUNICA—E. L. Irby, Holly Wood. TIPPAH—C. M. Murray, Ripley. UNION—S. A. Gassaway, New Albany. WARREN—H. B. Wilson, Vicksburg. WASHINGTON—J. D. Smythe, Greenville. WAYNE—J. F. Pou, Waynesboro. WILKINSON—C. E. Catchings, Woodville. WINSTON—W. W. Park, Louisville. WEBSTER—P. R. Brown, Eupora. YAZOO—J. A. Crisler, Yazoo City. YALOBOUSHA—L. T. Fox, Water Valley.

BOOK REVIEWS.

Fischer—Infant-Feeding in Health and Disease. A Modern Book on all Methods of Feeding. For Students, Practitioners and Nurses. By Louis Fischer, M. D., Attending Physician to the Children's Service of the New York German Poliklinik; Bacteriologist to St. Mark's Hospital; Professor of Diseases of Children in the New York School of Clinical Medicine; Attending Physician to the Children's Department of the West-side German Dispensary; Fellow of the New York Academy of Medicine, etc. Containing 52 Illustrations, with 16 Charts and Tables, Mostly Original. 368 pages, $5\frac{3}{4}$ x 8 inches. Neatly Bound in Extra Cloth. Price, \$1.50, net. Delivered. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia Pa.

When we are brought face to face with the fact that so large a proportion of the human race die in infancy and a majority of these from intestinal troubles we can not fail to appreciate the importance of investigations looking to the proper feeding of infants. The author has had large experience in the treatment of children and also a very large experience pertaining to infant feeding. This experience with suggestions from many good text books is detailed in this work and is intended to serve as a guide to the practitioner of medicine and also to the beginner in medicine. The question of modern methods of infant feeding is one of great interest to physicians in active practice. They desire detailed information and this book gives it. The twenty-four pages devoted to "Dietary" is alone worth the price of the book.

The book deserves, and we believe will receive a warm reception by the profession.

MEDICAL NEWS AND MISCELLANY.

THE Mississippi State Board of Health will meet in Jackson, Tuesday the 14th of May, for the purpose of examining applicants to practice medicine in this state. Two days will be given applicants in which to answer the sixty-four questions.

DR. RICHARD JAMES DUNGLISON died at his home in Philadelphia, March 5th. He was born November 13, 1834. He edited two editions of "Dunglison's Medical Dictionary." He was one of the original editors of the *Philadelphia Medical Times*. He was the author of several medical books and for years was a frequent contributor to current medical literature. He was a member of many medical societies and was treasurer of the American Medical Association from 1877 to 1894.

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The word Listerine assures to the Medical Profession a non-poisonous antiseptic of well proven efficacy; uniform and definite in preparation, and having a wide field of usefulness.

On account of its absolute safety, Listerine is well adapted to internal use and to the treatment of Catarrhal Conditions of the mucous surfaces.

LITERATURE DESCRIBING THE BEST METHODS FOR USING
Listerine in the Treatment of Diseases of the Respiratory System
WILL BE MAILED TO YOUR ADDRESS, UPON APPLICATION.

We beg to announce that, in addition to the 14 oz. bottle, in which Listerine is offered to the trade, the pharmacist can now supply a smaller package, containing 3 fluid ounces, which is put up for the convenience of practitioners who prefer, upon certain occasions, to prescribe articles of established merit in the Original Package, under the seal and guarantee of the manufacturer.

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TRI-IODIDES (HENRY'S.) LIQUOR SALI-IODIDES.

Colchicin. 1-20 grain.
Phytolaccin. 1-10 grain.
Solanin. 1-3 grain.
Soda Salicylate. 10 grains.
Iodic Acid. equal to 7-32 grains
Iodine Aromatic Cordial.
Dose. 1 to 2 drams in water.
8-oz. bottle. \$1.00

A powerful alterative and resolvent, glandular and hepatic stimulant, and succedaneum to the iodides. Indicated in all conditions dependent upon perverted tissue metabolism; in lymphatic engorgements and functional visceral disturbances; in lingering rheumatic pains which are "worse at night." Bone, periosteal and visceral symptoms of late syphilis; for the removal of all inflammatory, plastic and gouty deposits.

A remedy in sciatica, megrim, neuralgias, lumbago and muscular pains; the gouty and rheumatic diathesis; acute and chronic rheumatism and gout; chronic eczema and psoriasis, and all dermic disorders in which there is underlying blood taint.

An hepatic stimulant increasing the quantity and fluidity of the bile. Relieves hepatic and intestinal torpor; does not cause the unpleasant gastric symptoms of potassium iodide.

THREE CHLORIDES (HENRY'S.) LIQUOR FERRISENIC.

Each drachm contains
Proto-Chlor. Iron 1-8 gr;
Bi-Chlor. Mercury, 1-128 gr;
Chloride Arsenic, 1-280 gr;
Calisaya Cordial. *Dose,*
1 to 2 drachms. *12-oz.*
bottle. *\$1.00*

An oxygen-carrying ferruginous preparation, suitable for prolonged treatment of children, adults and the aged. Indicated in anemia and bodily weakness, convalescence from acute diseases and surgical operations; boys and girls at the age of puberty, and the climacteric period in women. In children with chorea, rickets, or who are backward in development, or in whom there exists an aversion to meats and fats. Prolonged administration never causes "iron headache."

As an adjuvant for potassium iodide the undesirable manifestations known as iodism can be removed.

Stimulant to the peptic and hydrochloric glandular system of the stomach, especially serviceable in the impaired appetite, nausea, vomiting and other gastric symptoms of alcoholic subjects.

MAIZO-LITHIUM LIQUOR LITHIUM MAIZENATE.

Nascent Chemie Union
of Maizenic Acid - from
Green Corn Silk - with
Lithium, forming Maiz-
enate - Lithium. *Two*
grains to drachm. *Dose*
1 to 2 drachms. *8-oz.*
bottle. *\$1.00*

A genito-urinary sedative, an active diuretic; solvent and flush indicated for the relief and prevention of renal colic; a sedative in the acute stages of gonorrhœa, cystitis and epididymitis; in dropsical effusions due to enfeebled heart or to renal diseases. As a solvent in the varied manifestations of gout, goutiness and neurotic lithia, periodic migrainous headache, epigastric oppression, cardiac palpitation, irregular, weak, or intermittent pulse; irritability, moodiness, insomnia and other nervous symptoms of uric-acidemia. Decidedly better, more economical, extensive in action and definite in results than mineral waters.

Those cases of irritable heart, irregular or intermittent pulse so frequently met with by insurance examiners and found to be due to excess of uric acid, are special indication for Maizo-Lithium.

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Female Neurotics--Their Treatment.

Prof. Chas. J. Vaughan, Chair of Gynaecology, Atlanta College of Physicians and Surgeons, writes: "Cerebro-nervous affections peculiar to women associated with pathological disturbances of the reproductive organs are legion, and most trying to physician and patient. Physicians are aware of the wide prevalence of these nervous disorders, for comparatively few women are entirely free from some phase of the ailment. Neurasthenia, neuralgia and other manifestations, either of an active or passive character, are common and are always peculiarly rebellious to treatment. Neuralgia constitutes the great cause of danger from the employment of hypnotics and narcotics, which only afford relief by numbing, but effect no cure. On the other hand, the formation of a drug habit rather aggravates the condition from which relief was originally sought. I have found nothing so well suited to these cases as five-grain antikamnia tablets, administered in doses of from one to three tablets and repeated every one, two or three hours according to the attendant's judgment. These tablets not only afford complete relief without fostering a drug habit, but they do not endanger weakened hearts. Their exhibition is attended with no unpleasant after-effects. I use them in preference to any other preparation in the treatment of female neurotics and experience demonstrates that they are safest and best."

THE Orleans Parish (La.) Medical Society has appointed a special committee to study the mosquito as a means of propagating yellow fever.

DR. F. E. DANIEL has again assumed full control of the *Texas Medical Journal*, Dr. S. E. Hudson having severed his connection with it.

The Use of Bromides in Hysteria, Delirium, Etc.

BY J. S. MURPHY, M. D., SULLIVAN, IND.

Considerable has been written on this subject which has all the respectability of ancient lineage. And like most other obscure things, has received no stint of authoritative attention.

The ætiology of hysteria has never been satisfactorily explained. For a long time it was thought to be in some way related to uterine disturbances. But while it is not denied that sexual disorders may have a bearing on the primal cause of the phenomena, still it is also claimed that the ailment attacks both sexes. We have progressed no further than this.

The treatment at best has been attained in most cases with disappointing results. We are confronted with a "loss of due balance between certain of the high functions of the brain, spinal cord and sympathetic system." The treatment obviously should be, then, to restore this balance. Rest is a very essential feature. By rest is meant restraint of overaction of certain of the spinal nerve centers. My experience has taught me that nothing gives better results than the combined bromides; and these should be of the very purest obtainable. For this reason I have availed my professional self of Peacock's, not only for their purity—freedom from bromates and carbonates so common to the commercial bromides—but on account of their ideal synergic effects and the fact that they are neutral in reaction, which permits of combining certain alkaloids in the solution without fear or danger of precipitation.

In various forms of neurosis I have found Peacock's Bromides invaluable as an all-round agency of alleviation and cure. They have never disappointed me. In obstinate cases of epilepsy, where the treatment is necessarily protracted, I find them particularly useful in that their administration is not followed by the too common symptoms of bromism. And I would specially urge their utility in instances of delirium following alcoholic excesses.

Anything that conserves the vital forces, that does not depress any organ, as for example, the cardiac centre, anything that gives the rest of normal sleep when repair is greater than waste, anything that tends to restore the nervous equilibrium, soothing the exciting centres, whatever they may be, must benefit the entire organism when each separate organ, then, of course, will receive its needful quota of help. And since local treatment is out of the question, I cannot conceive of better procedure, or one more infallible to the successful management of hysterical cases.

Mal-Assimilation.

I have prescribed Seng for indigestion and mal-assimilation and find the improvement marked from the beginning of its administration. I have prescribed it very successfully in a number of cases. When ever I meet the two above conditions I never fail to use it.

J. H. LAWRENCE, M. D.,
Smithfield, Va.

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D. P. STREET, M. D.,

Corner Crawford and Monroe Streets,

VICKSBURG, MISS.

THE following appointments to the Medical Examining Board of Texas, under the new law regulating the practice of medicine in that state are announced: Dr. Samuel F. King, Sherman; Dr. Stephen A. D. Moore, Van Alstyne, and Dr. Winston B. Markham, Denison.

You must be aware that in Herpes Zoster, all so-called ointments, paints, etc., are not of the slightest use, and that the disease runs its painful course in spite of treatment internal or external. Having a severe case of Herpes where the chest, back an arm was affected, and the patient's pain was unbearable, and knowing the value of Ecthol, I ventured to give it a trial. I applied Ecthol on pieces of lint, and strange to relate within twenty-four hours the pain had mostly subsided and the pustules had quite a shriveled appearance. This was the third or fourth day of the disease. The patient made a painless recovery thenceforth. I am giving it extensive trials now in all cases where there is any pus.

D. P. SETHNA,
L. M. & S. (Bombay) 111 Gorgaum Road, Chandarnwady.
BOMBAY, Dec. 23rd, 1900.

WE are informed by the London special correspondent of the *Medical News* that "the London County Council are taking elaborate precautions in view of the possibility of the plague visiting London. The Public Health Committee is authorized to expend, if necessary, a sum not exceeding \$250,000 for precautionary measures."

Sanmetto in Genito-Urinary Atony, and Vesicle and Urinary Irritability.

I have used Sanmetto quite extensively in my practice, in cases of genito-urinary atony and general vesicle and urinary irritability. I have always found it safe and reliable. When other means fail me, I find that I can rely on Sanmetto to help me out.

O. C. VERMILYEA, M. D.

FREMONT, O.

WE desire to call the attention of our readers to the change in the name of the firm that manufactures the well known and popular "Fellows Hypophosphites," and also the change in their local address. "The Fellows Medical Manufacturing Co., Ltd., is the name of the new firm and their address is No. 26 Christopher street, New York.

TO REMIND YOU

of Scott's Emulsion of Cod Liver Oil; and to ask you not to omit the name in prescribing it.

It is certain to give you satisfaction. It will never fail you. It is absolutely the same. You can always depend upon it.

The cordials and wines of Cod Liver Oil are simply make-shifts—tonics with practically no nutritive value, and nobody can tell what the so-called non-secret emulsions are; they are simply made to sell.

Scott's Emulsion is the standard the world over and more so to-day than ever. Nothing can take its place.

Send for sample for comparison.

SCOTT & BOWNE,

409 Pearl Street,

New York

OHIO had the largest number of smallpox cases last year, 1,666; Tennessee coming next with 1,393, and Minnesota third with 835.—*Medical News*.

Mississippi can beat this record. From Nov. 15, 1900 to Feb. 15, 1901, more than 2,000 cases were reported to the State Board of Health with nearly 500 deaths. Many counties in the state where smallpox is known to exist is not included in the above estimate because no reports were received from them.

NEW ORLEANS POLYCLINIC.—Physicians will find the Poly-clinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, particularly laboratory work. Fourteenth annual session opens November 12, 1901. For further information address Dr. Isadore Dyer, Secretary, New Orleans Polyclinic, New Orleans, La.

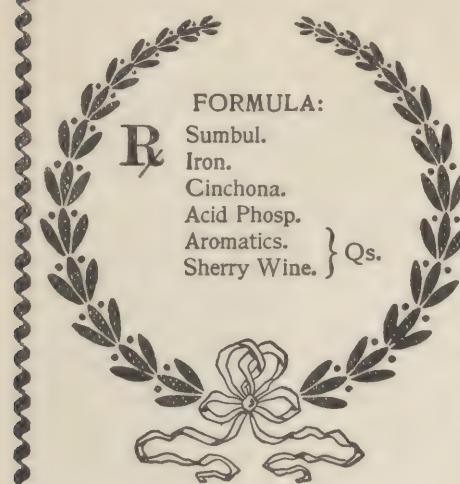
THE Kentucky State Medical Society will hold its forty-sixth annual session in Louisville, May 22, 23, 24, 1901.

RECENTLY the Tennessee Legislature passed a bill prohibiting the sale or presentation of cocaine except on a physician's prescription. The penalty for violation was fixed at \$100.00 to \$500.00.

THE next meeting of the Louisiana State Medical Society will be held in the City of New Orleans, April 18, 19 and 20, 1901. The meeting will be held at the Medical Department of Tulane, on Canal Street.

ON the 20th of January last the Treasury Department appointed the following commission to investigate the alleged bubonic plague conditions at San Francisco on account of a controversy between the municipal authorities and the state officials on the existence of plague in that city. Dr. Kinnyoun of the M. H. S. was also involved in the controversy; Prof. Simon Flexnor of the University of Pennsylvania; Prof. F. G. Novy of Ann Arbor, and Prof. L. F. Barker of the University of Chicago. The report has been completed and submitted to Secretary Gage of the Treasury Department though not yet given to the public.

THE Mississippi State Medical Association will meet in Jackson Wednesday, May 8, 1901. The association will be in session three days and probably four. Dr. H. A. Minor, of Macon, President, and Dr. J. R. Tackett, of Meridian, Secretary, are using their best endeavors to secure a large attendance and the indications now are that it will be a success. It is thought by some that the Association and the State Board will meet the same week. This is a mistake. The Board will meet the week following the meeting of the Association unless a change can be made in the time of the meeting of the Association. We are informed that the Association fixed the date of its meeting in May in order to be in Jackson the same week of the meeting of the Board. Heretofore the Association has met in April, and changed to May for the reason as we understand as stated above. We believe there would be some advantage to the Association in meeting at the same time that the Board does. A great many young men, about one hundred, usually attend the spring meetings of the Board, and if these two bodies met the same week it would give these young men an opportunity to attend the meeting of the Association. The examination will be completed on Wednesday, the day the Association convenes, and since many of these young men remain over to learn the results of their examination they could attend the meetings of the Association Thursday and Friday.



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Comprises a combination of tonics in active form, which, taken under the supervision of the physician, will cause patients to gain in strength and weight.

As will be seen, it does not contain Coca or any ingredient which might induce a drug habit, but is a superior tonic, used to advantage and discontinued with no after effects.

It is palatable, and especially serviceable where the stomach of the invalid rebels at a nauseating preparation.

SEE THAT YOU GET THE ORIGINAL.

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A Powder—prescribed in the same manner, doses and combinations as Pepsin.

A Specific for Vomiting in Pregnancy.

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NEW YORK.

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Mississippi Medical Record.

VOL. V.]

MAY, 1901.

[No. 5.

ORIGINAL CONTRIBUTIONS.

SOME SURGICAL CASES.

BY J. A. CRISLER, B. Sc. M. D., YAZOO CITY.

I beg to state in the beginning that the cases reported below occurred in the past two and a half years, and that I intentionally omitted all mention of dates, temperature, charts and other items of like importance—and in order to be as brief as possible have avoided all irrelevant references. A negro man—aged 30—applied for treatment for a tumefaction, the size of an orange, just external to McBurney's point. He stated that he had been struck by the handle of a plow, about eight months prior to this—at about that point but did not notice the swelling nor feel any discomfort, until about

one month before his application at our office. Examination revealed a hard round swelling—fixed to the ilium apparently, but so deeply located as to render its exact attachment to that bone uncertain—owing to the great rigidity of the overlaying abdominal muscles.

The absence of pain upon deep pressure—the absence of any history of inflammatory action, its slow and painless growth, contradicted any idea of a pus accumulation. The patient's general aspect was that of perfect health—fine physique—his temperature normal. In short he was normal in every respect with the exception of this growth and without a pathognomonic symptom of any significance whatever. He was told that we could not make a diagnosis without making a section—which he declined.

The growth appeared benign and any incision that would be adequate to admit of its removal must expose the peritoneum, even though external to it, which is not always without danger in the ordinary improvised operating room, so he was dismissed with the advice to return prepared for operation in the event of rapid development of the tumor.

We saw no more of him for six or eight months, during which time he went through the usual routine of quack doctoring so common in this class of unfortunates. When he finally presented himself for treatment the growth was as large as his head, in the main and had many nodulations, the size of an egg—pointing toward the abdomen in all directions. He was unable to walk erect, and had considerable pain—because of the mechanical interference to the abdominal muscles that stretched over it and the direct pressure to the nerves and muscles common to the region of the upper pelvis. His general nutrition seemed still unimpaired and except for the pain consequent upon navigation, he was up to the standard—which contradicted what otherwise seemed plainly a malignant condition.

There was no lymphatic invasion, but this fact would not exclude sarcomata since they are devoid of lymphatics and the glands are not infected until the skin or mucus membrane is implicated and ulcerated, then the lymphatics will enlarge. The diagnosis narrowed down between an osteosarcoma and a fibronata hidden beneath the dense iliac fas-

ciæ—with no way of determining the real condition short of an exploratory incision.

This was offered and accepted with the promise of removing all or as much of the growth as circumstances would permit. After the usual routine of general preparation the man was anæsthetized and an incision of about eight inches was made two inches internal and parallel with the inner crest of the ilium. This was carried through all tissues down to the tumor which was found to be extraperitoneal—having grown from the inner surface of the ilium beneath the iliac fascia and extending back as far as the ilio-sacral juncture—pushing its way through wherever resistance was least encountered and carrying the peritoneum ahead of it—had occupied the upper right half of the false pelvis and the right hypochondria. It presented a bony capsule interrupted by occasional nodules. This was opened and all the classic features of sarcomata were revealed in the various stages of degeneration. It was clearly impossible to remove more than the greater part of the growth—hence it was decided to get enough away to give relief to the pressure symptoms and thus prolong life in some comfort. This was done with more success than first anticipated—the light cancellous framework having given place, in the greater part of the extent, to liquefaction products of various density and kinds. Hemorrhage was enormous as in all true sarcoma—and did not yield to the actual cautery. The entire space from the sacrum to the skin surface was tightly packed with five yards of iodoform gauze—that measurably controlled the hemorrhage and decided the after treatment to be by the open method. A few tension sutures of silk gut were taken at the corner of the wound, but beyond this the wound was left open except for the gauze packing. The peritoneum was not wounded during the operation. An appropriate outer dressing was applied and the man put to bed in a fair condition. The after attention consisted in renewing the gauze, then irrigations and repacking every day for a week, then at longer intervals until about the third week—when the man was sent home where he remained for about a year, finally succumbing to the disease.

Case 2 was kindly referred to me by Dr. Flake, of Rolling Fork—and is remarkable only in showing the wonderful

vitality of the patient whose history follows. Mullatto woman—age about 33, mother of several children and was thought to be about at term with another. She was wonderfully well developed and in good health up to four days before I saw her, when she was taken with what she supposed to be labor pains that were very strong for an hour and suddenly ceased. She became cold and described a condition of extreme shock which persisted up to the time I saw her, which was about eighty-four hours after the beginning of her attack. In this extreme condition she traveled all night on a matress in a covered wagon over thirty-five miles of bad roads, and reached my office about nine o'clock next morning. I found her pulseless and vomiting green matter every minute, temperature 96° F., respiration about 40 but perfectly conscious and keenly desirous of having something of an operative nature done for her—which desire was only augmented by any refusal or excuse I could offer. So intense was her pleading I was unable longer to resist her entreaties and had her sent to a boarding house where I went and made a manual examination through the vagina up into and through a large rent in the uterus and peritoneum and found the putrid foetus entangled among the intestines and lying against the liver.

The child was swollen to several times its natural size at term and the feet crushed in my hands like rotten apples, though I carefully insinuated this putrid mass through this devious route, back into the uterus—which had never contracted at all—and had about exposed the legs out of the vagina, when they pulled off at the knees, though at no time was any great force used. I then caught the thigh bones and drew the pelvis of the foetus into reach, hooked the pubis with the handle of my Hodge forceps, disemboweled and gradually delivered the foulest, rottenest foetus imaginable. During this horrible procedure the woman had no anesthetic and no pain, was still conscious and expressed herself highly gratified at “being relieved,” and wanted to know “what she must eat.” Just why I went through this unpleasant and dangerously septic task in the face of these facts, I could never explain and will not try, however the amazing hope and gratitude coming into this poor dying woman was to me a justification good and sufficient. She died painlessly six

hours later happily embracing the vain hope that "I am better now" and satisfied.

Case No. 3. White male—age 67, very feeble—said he had suffered for twenty years with painful and difficult micturition, and for the past two years had been bedridden and was a constant sufferer. Fifteen minutes was the exact interval between violent straining paroxysms—consequent upon passing a few drops of pus and bloody urine. During each effort he would have a prolapse of several inches of a varicosed rectum through a sphincter made irritable by such constant and necessary attempts to replace the gut. He had been forced to use opiates for a long time and these gave but little relief. His heart's action was uncertain and he was emaciated to an extreme degree and had two bed sores. His prostate gland was enormous and contained pus. With bladder filled with hot boric solution, a sound located a stone imbeded behind the enlarged prostate, that seemed to be trying to deliver itself through the rectum. His urine test was unsatisfactory in that it showed a little of everything abnormal. His temperature was usually about 100° F., and he had night sweats.

The above was about his condition when he entered our Infirmary for a supra-pubic cystotomy which we offered him in the face of his unpromising condition, as the quickest way out of his troubles, which he most desired and cared little for the outcome.

His family were made aware of the uncertainty of the result, yet all parties were anxious for the operation. After a few days preparation the abdomen and pubic were shaved and a permanganate of potash pad applied the night preceding the operation. Next morning the potash was removed by a solution of oxalic acid—followed by the usual antiseptic applications. He was chloroformed and we made an incision through the linea alba in usual manner and location for supra-pubic cystotomy, down to the bladder, which was distended with hot boric solution. Two traction sutures were inserted into the bladder wall and an incision made between and in the median line. The bladder was fixed by old inflammatory adhesions and its walls very thick and friable. The entire inner surface presented bleeding granulations and a prostatic fistula issuing some pus. The stone was almost immov-

ably imbedded just behind the prostate and was removed without crushing but with difficulty. It was the tripple phosphate variety and nearly as large as a guinea's egg, yet weighed only 360 grs. The wall of the bladder was many times its normal thickness, which was due to prolonged inflammatory process and the abundant granulations and would not bear the least tension from sutures or instruments without tearing. Being adherent to every adjacent viscous it was found that our Barnes rubber bag—which was distended in the rectum for the purpose of throwing the bladder upward and forward, thus to elevate the peritoneum—had been of no service. Nor had any better results obtained from the intra vesical solution for the same reason. Apropos to these adhesions however, they had kindly extended from the bladder to the belly wall rendering an extravasation of urine into the cellular tissue and peritoneum impossible—and thus simplifying matters so much in forming a ready wall from the bladder to the skin surface, a veritable silver lining behind the cloud. The presence of these adhesions also explained why the patient had to occupy the knee-elbow position in passing urine previously—since the bladder being fixed could not contract much and the abdominal muscles had to force the urine out by direct pressure this position offered the most favorable egress. Moreover the need of a suprapubic fistula was plainly manifest for the future comfort of the old man.

His recovery was without an unpleasant incident and he has gained within two pounds of his greatest weight within a few months. He easily gave up his opiate when his pain left him and has taken none since.

The question of how to provide for the escape of the urine and its unpleasant odor and excoriations was hard to settle and I found no device on the markets adequate. I finally found a kind of rubber nipple shaped like an hour-glass which seemed intended for the purpose. Making a small round hole in the end of the nipple the eye end of a No. 10 catheter was tightly introduced from the end of the nipple that fits over the bottle neck and carried about five inches through the nipple. The eye end of the catheter was carried through the wound into the lowest part of the bladder and the nipple was now insinuated into the wound so that

the neck of the nipple was in the wound proper. Thus it served as a plug against the escape of urine except through the catheter and as a brace preventing the catheter from slipping in or out and as a bouge to prevent closure of the wound. It was asceptic—painless—readily removable and cleanable and easily replaced by the patient. The pendant end of the catheter was placed in a rubber urinal suspended in the groin from the waist—and the man has found but little inconvenience in keeping clean and free from urine, odors and excoriations. I have given this in detail because it will be found eminently satisfactory in similar cases.

THE PATHOLOGY OF ADENOIDS IN THE ADULT.*

BY A. T. MITCHELL, M. D., VICKSBURG, MISS.

The enormous amount of literature on the subject of lymphatic growths in the naso-pharynx our medical journals have been publishing lately is certainly presumptive evidence that the matter has been well sifted.

And so indeed it has, but only in consideration of the effects of the condition on children, under fifteen generally. In these cases the assertions of Meyer, of Copenhagen, thirty years since, have been thoroughly worked out. The definite connection between habitual mouth breathing and mental as well as physical development has been established.

The peculiar, characteristic departure from the composite type of human skulls shown by those who have had throughout life functionless noses is also defined, and, as this essay hopes to help to show, logically.

The bones whose part is the greatest in this change are those making up the hard palate. From the gently, rounded curve of the roof of the mouth that is the normal type, we see extreme examples where the arch is high up and the encroachment on the space of the nares most extreme. The same factor is accountable for a naso-pharyngeal space but little larger than the finger tip of the examining hand. The naso-pharynx of a new born babe in a man!

Whilst the mouth roof elevation has really encrached on space originally intended for nose development, yet to

* Read before the Vicksburg Medical Association.

put the blame clearly on the point at fault, I can say, *lack of development alone*, of the upper respiratory tract is responsible for setting in motion the entire vicious cycle. Although the matter of these changes in shape of the bones and of their relation to space is well known and the remedy applied more and more generally and effectively by the medical profession, there has been so far as I have seen no recognition of the bearing of these conditions by dentists on what is a large field of their work, viz: the straightening of front teeth.

If this be true then work done with this object in view on children is a hopeless superfluous infliction in extreme cases, and in all cases can be aided by a properly performed, thorough removal of all blocks to the patency of the upper respiratory tract before complete ossification. That it can be shown to be true, a consideration of the changes necessarily accompanying the altered direction of growth of the palate processes will demonstrate. This demonstration is simply the fact that the upward extension of the roof tends to bring the sides together. As the regular number of teeth begin to demand their space, they can find it in only one extension and that is forward. The molars get more of the room available because they do the bulk of the work through the grinding motion given them by the pterygoids. The incisors and canines suffer the crowding and malposition the most because the front is the only way to expand, and also because man has largely passed much need for the prehensile and tearing function they were originally and respectively used for by the progenitors of the human mammal of to-day.

These two considerations will also account equally as well for the same malposition in a forward direction of the front teeth of the lower alveolus, *i. e.* the mechanical limitation to backward extension and the all important need of the grinding process of mastication by the molars. It plainly follows that the inferior will be kept in apposition by the pterygoids.

It would seem then, that attention to this condition in early life would be equally effective in lessening the number of people with prominent front teeth as it is in stopping the mouth breathing with its accompanying evils which are as apparent to a medical man, as the teeth are to the public.

Without rehashing the well known picture of running ears, constant coryza, etc., in children, I think I can show that even those who have only a small amount of this tissue, and who apparently get through to puberty with no damage are yet, as these cases will show, to be relieved of ear and throat conditions that have no plain evident connection with adenoids only by a due consideration of the atypical anatomy of the naso-pharynx on the lines above set forth.

If, in a first view of this cavity remnants of adenoids are still present it is fair to assume their existence in greater amount in earlier life, and independent of elicited history, a minute, detail examination of their present relation to a normal or abnormal pharyngeal vault is in order. The assumption is based on the well known elimination of such glands as those composing the tonsillar ring, the thymus, etc., by the organism on reaching the limitation of growth; provided previous inflammations have not produced permanent hypertrophy by metaplastic or direct connective tissue proliferation, a common type of which is the persistant hypertrophied tonsil seen at all ages. Bearing in mind these facts the diagnosis of their presence has a relative value beyond the intrinsic.

A case illustrating this would be Miss G. age 18. The bone conformation was typical and the post-nares small. A constant day and night mouth breather. The removal of a piece of adenoid from its location just above, but close to, the post-nares was followed by a relief that was entirely out of proportion to the size of the tissue.

A case emphasizing particularly the point of location was Miss G. age 15, a mouth breather only at night. In her case the slight encroachment made on the available space by the soft palate when the horizontal position was assumed caused the trouble because the remaining adenoids were all low down. The naso-pharynx, above was completely normal, save in roominess.

A case of obstinate salpingitis with hearing reduced to about half was relieved after about a month's ineffectual care, by my being able to get a part of a growth with the Gradle guarded forceps not larger than a buckshot, but located above and to the inner side close to the orifice of the Eustachian tube. This was Miss S. age 20.

It has been of prompt and decided benefit in another instance, Miss F. age 25, who complained of chronic nasopharyngeal catarrh, to curette the area of most insignificant remnants.

In recapitulating the points I wish to establish as worth the professions' attention, the first is that mouth breathers' superior and inferior maxillaries, palates, vomar, turbinates, ethmoid and sphenoid bones show an alteration in development as compared with the normal that I contend is inevitably accompanied by prominence of the alveolar processes in front and misplacement of front teeth. Second, that due significance should be attached to the recognition of evidence of previously existing adenoids in efforts to locate obscure sources of ear and throat disturbances; and lastly that the relative size of such evidences and that of the nasopharyngeal area, as well as their location are factors opposing the apparent insignificance.

The few cases given are only those who were seen previously by other users of the rhinoscopic mirror.

SOME INTERESTING ITEMS.

BY J. C. BALLARD, B. S., M. D., ACTING ASSISTANT SURGEON
MARINE HOSPITAL SERVICE. PRESIDENT BOARD OF
PENSION EXAMINING SURGEONS.

The cases related below, do not possess great peculiarity, but are detailed to show the necessity of careful examination, especially in the treatment of the diseases of children. Rarely can we rely on the histories given. But we can depend upon what we see, hear, and feel.

At the Polyclinic in New York, I noticed that Seibert, Kerley and Holt always examine the naked body, and marvelous is the amount of information obtained thereby. Two of the cases related below, I feel sure would have terminated fatally, if I had failed to examine the nude body in each case. Otherwise a correct diagnosis would have been impossible.

H. B., white, aged 10 years. Father a policeman, strong and healthy; mother a stout Irish woman, of unusually vigorous physique. First saw the child about 5 p.m., and found

him with a temperature of 102 and pulse 120. Complained of headache and pain in his back. Tongue slightly coated. Kidneys had acted with usual frequency; bowels had moved two or three times that day. No history of diarrhea or general malaise; no tympanites or symptoms of typhoid fever. I gave a light laxative, ordered milk diet and all the water he wished. Next morning he was more comfortable but temperature and pulse ran along about the same. On the morning of the third day, there being practically no change in his condition, I did what should have been done when first called—stripped and carefully examined the child, all over. Examination revealed a poorly nourished child, a skin to which soap and water were strangers. On the back were three small soft places, about the size of a pigeon's egg. They were elevated slightly above the surrounding skin, and tender on pressure. No oedema or redness. A diagnosis of pyemia was made, and the swelling pronounced cold abscesses. Under chloroform, each cavity was opened, irrigated with bichloride 1 to 2000 and afterwards with pyrozone—full strength. A gauze tent inserted to insure drainage. The amount of pus drawn out of each cavity must have been an ounce, and some came with the tents each day of the dressing. After three days, the cavities cleared, and the wounds healed nicely, temperature and pulse became normal. But on the fifth or sixth day, I was hastily summoned, and found that the temperature and pulse were again up and cheeks flushed, but he was very nauseated, and his mother informed me that he had thrown up a lot of "stuff just like you got out of his back." Pyrozone, a tea-spoonful in a wine glass of ice water, was ordered, every three hours. No other treatment for two days. Nutrition was kept at the highest possible point, and the syrup of hypophosphites ordered as a tonic. In a short time he was out and playing, and one year later I saw him. He was as well as ever, but still showed that he was a stranger to soap and water. In this case I was unable to state what caused the nausea and vomiting. It might have been due to the rupture of another abscess into the stomach, and I was inclined to that belief. But the lesson which was most profitable to me, was the necessity for making a careful examination in each and every instance.

II. Sidney B., white, aged 14, slightly built, brunette. Called at my office on Aug. 29th. Complained of soreness in left leg from hip to knee, and pain on motion. Temperature 99 and pulse 100. Gave a history of a recent attack of typhoid fever, at Monroe, La., from which he had scarcely recovered. At first, one would naturally think of rheumatism; but the history of typhoid, the age of the boy, the absence of indications of gonorrhreal infection, all pointed to the probability of pyemic abscesses. He was placed on tonics and alteratives, and directed to return home, which was seven miles out of town. His aunt who accompanied him stated that he was stopping with her and endeavoring to regain his health and strength, in the purer air of the country. Three days later, I was summoned to see him. He was in great pain and unable to move about in bed. Temperature 100, pulse 108. There was no swelling, or oedema. I made a diagnosis of pyemic abscesses, and asked for consultation. The child's condition had now become alarming, and suppuration apparently beginning in four or five localities. The emaciation and weakness from the long spell of typhoid made the outlook extremely grave. Dr. Brown, the consultant, agreed in the diagnosis, but was of the opinion that the case was hopeless. Three openings were made, the cavities washed out with bichloride and pyrozone, and a gauze tent inserted to insure drainage. He was given Liquid peptenoids every hour, and protoneuclein every three hours. Every attention was paid to his nutrition. But the abscesses continued to form, and he seemed to be literally full of pus. The right leg was opened in five places from hip to middle of tibia; and an incredible amount of pus drawn off, in the next ten days. Dr. Brown and I operated each three times on as many days. After five weeks he was discharged cured, but the right leg was drawn at right angles, to the body, and both knee and hip seemed stiff. However he was placed upon crutches and urged to go out in the mild autumn sun, with the happy result of complete recovery of the use of both limbs, and he returned to his distant home well, fat and as healthy looking a boy as one would care to see.

III. H. M., white, aged 5 $\frac{1}{2}$, slender, delicate, nervous and highly strung child. History of enlargement of glands

of neck and removal of same. No history of scrofula or syphilis on either side of house. He weighed 37 pounds. His personal habits exceptionally good, and a good mother, wise enough to see that he obeyed her, also saw that he was given every needed attention. He was a rank coward, and would spring completely out of bed in his sleep, even though dreamless. The child was stripped and carefully examined. There was no evidence of disease anywhere, though he seemed to have hyperesthetic skin and was poorly nourished. Examination of the penis showed a long tight foreskin, with a pin-hole meatus. Under cocaine this was dilated and the smegma removed. Massage of muscles of chest and spinal column, and complete recovery in three or four weeks.

At the time of his discharge he weighed 43 pounds, and was one of the plumpest, rosiest little fellows you ever saw. In this case medicine was of no use at all, and to have dosed the child would have exaggerated every symptom. The removal of the *cause*, was the only thing needful.

There are other cases I might relate, but this is ample. However I will outline case IV: S. R., white, aged 11, a modest, pretty little girl of nice family. Her mother was exceptionally careful with her in regard to her habits. I was called, and this history given. The child began to be fretful, peevish and sleepless. Variable appetite, easy to cry. In fact a complete change in her disposition. She would call her mother three and four times during the night, and was losing flesh and strength. At first I was inclined to be skeptical, but concluded to follow my plan of careful examination. Result: Pinworms invading vulva and rectum. Under appropriate treatment, a complete cure resulted in ten days.

ACCIDENTAL IMPREGNATION.

BY JOHN DARRINGTON, M. D., YAZOO CITY, MISS.

It seems that at regular intervals some gifted surgeon (?) who has probably successfully removed a prepuce or opened an abscess with neatness and dispatch, imagines that the public must be getting anxious for another article from his able pen. He thinks it is a positive injustice to his medical brethren.

ren to hide his light under a bushel—such a large bright light too—so he proceeds to tell in detail some wonderful operation he performed—wonderful only to the writer, and neither improving or interesting to the readers.

I have probably been guilty myself, so I therefore promise on this occasion I shall spare you. I shall not give you a history of cases or even mention spinal anesthesia. I cannot enter into any long discussion regarding the size, shape or habits of any newly discovered “bug.” Neither have I discovered a serum that would prevent syphilis, nor have I removed a stomach successfully or otherwise.

I simply come with a tale copied from a book written by Gould & Dyle, entitled “Anomalies and Curiosities of Medicine.” If the story has anything to recommend it at all it must be the strong Munchausen flavor that it has, together with the fact that it is supposed to have happened in Vicksburg, Miss.,—quite an unusual occurrence though even for Vicksburg.

This is the story :

“L. G. Capers of Vicksburg, Miss., relates an incident during the late Civil War as follows: A matron and her two daughters, aged fifteen and seventeen years, filled with the enthusiasm of patriotism, stood ready to minister to the wounds of their countrymen in their fine residence near the scene of the battle of R—, May 12, 1863, between a portion of Grant’s army and some Confederates. During the fray a gallant and noble young friend of the narrator staggered and fell to the earth; at the same time a piercing cry was heard in the house near by. Examination of the wounded soldier showed that a bullet had passed through the scrotum and carried away the left testicle. The same bullet had apparently penetrated the left side of the abdomen of the elder young lady, midway between the umbilicus and the anterior superior spinous process of the ilium, and had become lost in the abdomen. This daughter suffered an attack of peritonitis, but recovered in two months under the treatment administered.

Marvelous to relate, just two hundred and seventy-eight days after the reception of the minie-ball, she was delivered of a fine boy, weighing eight pounds, to the surprise of herself and the mortification of her parents and friends. The

hymen was intact and the young mother strenuously insisted on her virginity and innocence. About three weeks after this remarkable birth Dr. Capers was called to see the infant, and the grandmother insisted that there was something wrong with the child's genitals. Examination showed a rough, swollen, and sensitive scrotum, containing some hard substance. He operated, and extracted a smashed and battered minie-ball. The doctor, after some meditation, theorized in this manner: He concluded that this was the same ball that had carried away the testicle of his young friend, that had penetrated the ovary of the young lady, and with some spermatozoa upon it, had impregnated her. With this conviction he approached the young man and told him the circumstances; the soldier appeared skeptical at first, but consented to visit the young mother; a friendship ensued which soon ripened into a happy marriage, and the pair had three children, none resembling in the same degree as the first, the heroic *pater familias*."

ABSTRACTS AND EXTRACTS.

NEW METHODS IN CHARITY, WITH BETTER RESULTS AND AT LESS COST is the title of a paper by Dr. W. P. Spratling, Medical Superintendent, Craig Colony for Epileptics, Sonyea, N. Y., (*Medical News*). In this paper the author makes the statement that the State of New York now has invested the sum of \$19,323,245.42 in the way of buildings and permanent improvements for the defective and dependent classes, and that it costs the state \$5,200,000 annually to care for this immense army. These figures were made from statistics of 1896 which have increased since that time. The author disclaims opposition to State Charities but favors better means at a less cost, and recommends the following:

1. Prevent insanity, epilepsy, imbecility, idiocy and feeble-mindedness, as far as possible, by making it impossible for persons so afflicted to marry.

2. Build less expensive structures in which defective and dependent state charges shall live.

3. Maintain at less cost the cases that are chronic and incurable, and maintain at greater cost to stimulate recovery, that probably can be cured.

4. Give those that ought to have it an education that they can use, either in the institution that cares for them, that the cost of their maintainance may be lessened, or in the outer world, when they leave the institution, after the state has done its work well and turned them back into the great business current, as nearly normal men and women as science and art can recreate them.

When is Gonorrhea Cured.

Paul Thorndike in the Boston *Medical and Surgical Journal* for February 7th, says in answer to the question, no one knows. He goes on to discuss the question in detail and concludes that the methods of examination at present at our command are fairly adequate to determine in any individual case whether there are still contagious possibilities in that case.

That the methods of treatment at present at our command are adequate for the treatment of those cases where remnants of disease are found.

That all such remnants of disease should be treated whether they contain gonococci or no; and that they can be intelligently treated only after they are found and located.

That there are a few cases where the remnant of discharge persists, but where no cause for its persistence can be found by the writer in spite of many most careful efforts. Some of these cases must probably be allowed to marry with traces of discharge still discoverable; but none such should marry until every possible effort has been made to demonstrate its non-contagious character and until the possibility of future trouble has been explained. It is the writer's custom to have more than one opinion in any case of this kind.—*The Charlotte Medical Journal.*

International Reciprocity in Teaching.

The brilliant clinical demonstrations given in various European cities many years ago by the late Dr. J. Marion Sims, the work of the late Dr. Brown-Sequard and Mr. Lawson Tait in New York, and Sir Micheal Foster's more recent lectures in San Francisco, all raise the thought that something done more systematically in this direction would prove powerfully conducive to a most desirable diffusion, not so much of actual knowledge, as of breadth of view, among the medical men of various countries. To a considerable extent, the international medical congresses work to this purpose, but, so far as the element of personal intercourse is

concerned—and that is the particular element that we have in mind—they reach only physicians whose ideas have already been more or less irrevocably formed, those who have reached mature years. What is perhaps of greater importance is that a like influence should be brought to bear upon those whose minds have not yet emerged from the formative stage—that is to say, upon undergraduates.

As regards the actual increment constantly going on in the knowledge of medicine, it is continually diffused over the world by the periodicals, as everybody knows, but book knowledge of what has been accomplished by certain men and of what investigations they are at work upon does not rank with the appreciation that comes from hearing a man talk, even in a foreign language, noting his mannerisms, and witnessing his manipulations. Who can doubt that the element of personal "magnetism" counts for much more than the written word? Certainly nobody who has worked under the late Mr. Lawson Tait. It is no disparagement to Tait's writings to say that they fall short of his personal teaching. Doubtless the same may be said of Troussseau's work and of that of Sir Thomas Watson, charming as their writings are. Moreover, there are men of great influence on contemporary thought who do little or no writing. A conspicuous example was the late Dr. Alonzo Clark. From such facts as these proceeds the great value of the didactic lecture. If, once a year, each of our leading medical colleges could afford to its students a course of lectures by some commanding thinker from another city, how would the young men's grasp of the actual status and the potentialities of medicine be strengthened!

Some of our leading universities appear to have made a beginning in the work of providing for special courses of lectures by distinguished men who are not members of the faculty, and our impression is that the example set by one of the medical schools of San Francisco will not only be kept up by that particular institution, but also spur on other schools to a similar course. First one country and then another produces a man of towering eminence as a teacher; his usefulness should not be confined to his own land, and still less should it be restricted to a particular institution.—*New York Medical Journal.*

Role of Infections in Women.

Chas. A. L. Reed read a paper on this subject before the Medical Society of the State of New York. As reported by the Boston Medical and Surgical Journal for February 21st, he insisted that the essential antecedent condition of an in-

flammation of any part of the genital tract was an infection. The infection was controlled by the following laws: The epithelial surface of the genital tract when intact is a sufficient barrier to the entrance of micro-organism; the normal cervix and its secretions are an efficient barrier against the invasion of the uterus by pathogenic bacteria capable of maintaining a habitat in the vagina; the vagina possesses a certain degree of self-disinfection; certain pathogenic bacteria, such as the gonococcus and the Klebs-Löffler bacillus, find here favorable conditions for their growth; pathogenic bacteria, innocuously present in the genital tract, may become virulent when introduced into the underlying structures by an abrasion of the epithelium; pathogenic bacteria when introduced into previously normal tissue immediately set up inflammation; pathogenic bacteria, if not overcome by the leucocytes, may enter the lymphatics, giving rise to metastases and septicemia.—*Charlotte Medical Journal.*

In Favor of Vaccination.

The Supreme Court, (Penn.) in the suit of Charles J. Field against Martha L. Robinson, principal of the Keystone Grammar School, to compel her to admit his daughter, who had been refused admittance because she was not vaccinated, sustained the decision of the lower court, April 1st, which decided that the teacher was right in excluding the girl. The court said: "We think the court below did not err in the ruling referred to in the assignments. In Duffield vs. Williamsport School districts we held that school directors, in the exercise of a sound discretion, may exclude from the public schools pupils who have not been vaccinated. Whether a resolution excluding from the school pupils who have not been vaccinated is a reasonable one is to be judged in the first instance by the school directors. In the present state of medical knowledge and of the opinion of those having charge of the public health the courts will not say that such a resolution is an abuse of official discretion. It has not been shown to our satisfaction that the act of June 18, 1895, is unconstitutional. For the reasons above stated we dismiss the assignments and sustain the conclusion of the court below.—*Medical News.*

Transmission of Infectious Diseases.

In the treatment of contagious disease the most important indication is to prevent its spread to other members of the family or community, and in order to successfully control epidemics, the means by which the disease is transmitted must be most thoroughly and scientifically sought out. The Health Department of New York City, so favorably situated, has undoubtedly taken the lead in such investigation and the results which A. H. Doty (*Med. Rec.*, Feb. 28, 1901) publishes are both valuable and practicable. One of the points upon which he lays special stress is that the clothing actually worn by a well person, even after thorough exposure to the contagion, is seldom the means of communication. He cites much evidence to prove this, mentioning how infrequently the general practitioner carries the infection from one patient to another. In the epidemics of typhus fever and smallpox (1892 and 1893) there were 714 cases of the former and 842 of the latter disease. There were 75 health officers frequently coming in actual contact with these patients, but, although 14 contracted typhus fever and seven died, in no instance did these officers transmit the disease to their friends or relatives. The greatest source of danger probably exists in not recognizing the mild and ambulant cases of contagious disease which may unintentionally transmit to many a more virulent type of the same malady. Careful investigation will almost always reveal the fact that there has been direct actual exposure to some infected person. The value of the knowledge and appreciation of such facts is, of course, most apparent. Every case of even suspected contagious disease must be isolated and carefully watched, and all the clothing and effects sterilized, preferably by the use of steam. The latter can usually be done only when the health department has a special apparatus. On the other hand, the wanton destruction of property which has merely been exposed to the disease, especially cargoes from infected ports, is undoubtedly useless and most detrimental to commerce.—*Medical News.*

THERAPEUTICS.

An Ointment for Chapped Hands.

Steffen is credited with the following formula in the *Journal de Medicine de Paris* for Jan. 20th.

R	Menthol	- - - - -	3 parts
	Salol	{ each	4 parts
	Olive oil		
	Lanolin	- - - - -	100 parts

M. S. To be applied twice a day.

It is said that the pain will disappear, the skin softens and the fissures heal promptly.—*New York Medical Journal*.

Pruritis Ani.

R	Sodii hyposulphit	- - - - -	30
	Acid corbolici	- - - - -	5
	Glyeerini	- - - - -	50
	Aquae	- - - - -	450

M. S. Apply frequently by means of wet compresses.
—*Practitioner*.

Bronchitis. (Subacute.)

R	Strych. sulphat.	- - - - -	gr. ss
	Codeinæ	- - - - -	gr. ii
	Terpin. hydrat.	- - - - -	gr. xxiv
	Guaiacol carbon.	- - - - -	gr. xl

M. ft. caps. No. xii. Sig. One every three hours.
—*Clinic Excerpts*.

Orchitis.

R	Lanolin	- - - - -	40 parts
	Guaiacol	- - - - -	5 parts
	Methyl salicylate	- - - - -	20 parts

M. S. Apply.

—*Medical Record*, New York.

Feted Breath.

R	Thymol	- - - - -	gr. viii
	Spir. vini rect.	- - - - -	5 <i>i</i>
	Glyeerine	- - - - -	5 <i>ss</i>
	Formal.	- - - - -	gtt. viii
	Aquae	- - - - -	q. s. ad 5 <i>viii</i>

M. S. Use as mouth wash, especially when fetor is due to decaying teeth.

—*Medical Record*, New York.

EDITORIAL.

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HIGHER MEDICAL EDUCATION AND ITS RESULTS.

During the last few years we have heard and read a great deal about higher medical education, possibly without considering its significance, as it relates directly to the student of medicine, or its far-reaching influence on society.

Within the last quarter of a century nearly all the medical colleges in the United States have established requirements for the admittance of students. In some colleges a literary degree is required for admittance. In others a degree or a certificate of proficiency in specified preliminary studies is requisite. The colleges have not only done this, but they have raised their standard of requirements for graduation from two courses of lectures of four or five months each, to four courses (graded) of six to eight months each.

Before that time very few states required an examination and license to practice medicine. Then a young man, provided he could raise a hundred dollars, could leave his plow, his work bench, his anvil or his place behind the counter, go and spend two or three months, rarely more than the latter number, in a "commercial" medical college, return to his home and "hang out his shingle as a full-fledged doctor." To the writer's personal knowledge this was often done, in this state at least. What a change within that short time! Now he must know something of the English language, of mathematics, of history, of geography, of physics, before he can enter a reputable medical college. After this he must spend four years in a medical college before he can get his medical degree; then, in most states, he must go before an independent board of medical examiners for examination and license before he can be admitted to the practice of medicine. What an advance! Yea, a revolution in medical education and practice!

In view of this fact should we be surprised that the country is filling up with osteopaths, Christian scientists, mag-

netic healers, etc., who call themselves doctors and advertise as doctors, yet evade the law by some manner of hocus-pocus that is hard for the ordinary physician to understand? This condition is a natural sequence of higher medical education and the rigid requirements of state examining boards. These are men and women seeking a shorter and easier route of entrance to the practice of medicine than the one regularly required. A majority of them would to-day be among the "regulars" but for the fact that they are not qualified to meet the entrance requirements of medical colleges or they have not the courage to face a four years course of study and preparation, and then a rigid independent state medical examining board. It is well for the medical profession to be relieved of this incubus. It can well afford to lose them. As it is now, they wear a brand, they are stigmatized, they live, and move and act under a cloud. They are regarded by the profession and a large majority of the laity as fakirs, as quacks, as irresponsible and disreputable charlatans, as evaders of law, as men and women who have not the ability, or the true manhood or womanhood to prepare themselves in a legitimate way to practice one of the noblest professions in the world.

It may, after all, be best to allow these pretenders to pursue, as best pleases themselves, their infamous calling of quackery, and charlatanism. An enlightened people will soon learn that they can not be relied upon. As a rule the people will be slow to leave their physician and take up a quack or charlatan under the mysterious title of osteopath, or the euphonious appellation of magnetic healer. But if they should be so unfortunate as to fall into such an error, they will soon return to their physician, the wiser for their folly.

Without any requirements for entering upon, or restraints in plying their *trade* they will never make advances. Their ranks will soon fill to overflow with illiterate, irresponsible, perambulating characters who will not be able to command the respect of a self-respecting, intelligent people. While the fad is new some few intelligent men and women may, for a time, fall into their hands, but they will sooner or later return to their "first love." On one side of a great chasm that is constantly widening is arrayed a grand army of benevolent, intelligent, skilled and scientific gentlemen.

On the other side is a mottled crew of irresponsible, ignorant, disreputable fakirs and charlatans. Between these two classes the laity must choose. We give the people credit for some judgment, even in choosing a physician. A lady in this city a few weeks ago said to another who was urging her to send for an osteopath to treat an obstinate case of sciatica that she was suffering with: "I have not yet reached the point where I am willing to give up my family physician. He has steered this frail bark over many a turbulent sea and I will trust him yet a while longer." So it will be with the thousands and millions of afflicted human beings. They will continue to trust the man who has made use of every opportunity that the genius of the twentieth century offers for acquiring knowledge and skill in his profession. Where is the true mother who is willing to entrust to the charlatan the care of her child when stricken down by disease? Where is the thoughtful father who will entrust to the care of the quack, the health and happiness of his daughter? Where is the faithful husband who will confide his wife to the care of the montebank when the tortures of motherhood are upon here, or when disease has overtaken her?

The *Vermont Medical Monthly* according to the *Charlotte Medical Journal*, when asked by the profession, "What shall we do with the quack?" gives some good advice along this line:

"Do, brother, do? Do nothing, but laugh in your sleeve. Any effort on your part to expose an impostor will only be hailed with derision by those who later on will whimper and cry. Let them find out for themselves, and like the baby who cried for the wasp, they will know lots more afterwards. If the medical profession with its years of scientific research, its real progress in the prevention and cure of disease and its high motives, cannot successfully compete with the quack and imposter, it had better acknowledge defeat and close its existence."

The flood of pretenders has fallen so suddenly upon the people that they have not had time to give the condition a calm deliberate thought. When they take this sober second thought you may trust them to right the evil.

The compliance with our demands for a higher standard of medical education is responsible for the increase in charla-

tanism. It is a process of weeding out from the medical colleges a class of men unfitted by education of brain or intellect to qualify themselves, or by education of heart to appreciate the true, the good and the beautiful in the character of a real physician. Yes, it is the weeding out of a class of men who never had an idea above a dollar, who would degrade the profession by dragging it down to the level of a trade. This separation, this weeding out is better for the profession even though the pretenders hold out to the people by advertisements that they are physicians and can cure any and all diseases and yet by a method of legerdemain escape the penalties of the law.

The legitimate profession will continue to advance in the knowledge of its science and the skill of its practice, and in a few years will occupy even a stronger and much more exalted position before the people than it does to-day. On the other hand, without scientific knowledge and without skill the pretenders have almost reached the flood-tide of their existence and soon the ebb will begin. As the one advances and the other recedes the great gulf that separates them will continue to widen until the layman of even ordinary intelligence will have no trouble in choosing. The people will then have taken that sober second thought and appreciating the importance of higher medical education, the condition that now obtains will be corrected by inflexible sociologic laws,—laws that even judges and juries can not bend, nor by the tricks of the juggler be evaded.

ADVERTISING IN THE PROFESSION.

In a recent issue of the *Medical News*, Dr. G. Frank Lydston has an interesting article upon the subject of advertising in the profession. Dr. Lydston in his characteristic clearness, and fearlessness shows that it is impossible to make the ethics of the past fit the conditions of to-day. He thinks that it is one of the most vital questions, pertaining to practice, before the profession at this time, and that it is one from which we can not escape. It is his belief "that 'thou shalt not advertise,' was of necessity written in a Pharisaical spirit, and that it has been the cloak of more inconsistency and hypocrisy than anything ever written for the guidance of medical men.

Whatever the conditions may have been at the time the code was written—and I do not believe they differed in kind from those prevailing at the present day—conditions nowadays absolutely demand advertising of one kind or another on the part of medical men. The physician may gloss this necessity over, and he may deceive himself into the belief that he is not given to advertising, but this fact still remains that he must advertise or starve. All roads lead to Rome, and it is by no means necessary that the physician should advertise in the newspapers or by handbills, in order to accomplish his ends, nor does it follow that he is unjustified or unworthy of respect because under the stress of his environment he advertises in one way or another."

The author mentions the most important forms of professional advertising as "college advertising, medical writing, social advertising, church advertising, secret society advertising, and the indefinable something known as newspaper prominence, which is called advertising by the fellow who can't get it, and is considered a laudable enterprise by the fellow who does—the old story of the pigs in the clover patch. As is true of all other affairs in human life, it is a noteworthy fact that it is the pigs outside the fence that does most of the squealing."

Dr. Lydston thinks that the unwritten law of the medical profession, that its members should keep themselves in the back ground has been the greatest stumbling-block to professional advancement. Because of the bigotry and intolerance of the profession itself is its lack of social, commercial, financial and political importance, and when he gains distinction in either he immediately becomes a target for the abuse and invectives of the profession at large.

He thinks there is but one way to down quackery and that is to educate the people to an intelligent understanding of what we are, and what we are doing. "We expect too much of the public. We expect it to draw hard and fast lines between quackery and legitimate medicine, while the quack is stating his case and the medical man is retiring behind the bulwark of his professional ethics and dignity."

On account of the standing of Dr. Lydston in the profession this article gives the subject of advertising an impetus that will make it still harder for the code of ethics to control. He certainly makes out a strong case and it is worth a careful reading by every member of the profession.

PLAQUE SITUATION IN SAN FRANCISCO.

It is stated by the *Medical News* that "great pressure is being brought to bear in San Francisco to learn about the report of the Commission sent to that city by the United States Treasury Department to investigate the bubonic plague. It is said that the report which has been forwarded to Washington, establishes the existence of plague in San Francisco, of the type prevalent in epidemics of the disease all over the world up to the climax of those epidemics." It is understood that the Commission stated, both to the Governor of California and to the Mayor of San Francisco, before they left for Washington that they had found ten cases of plague. The Commission thought the situation was serious and recommended very drastic measures for stamping out the disease. It is further stated upon the authority of Dr. White of the Marine Hospital Service that the state authorities refuse to sanction measures suggested by the quarantine officers and the Commission. The city authorities, it appears, desire to take proper measures for stamping out the disease. The Governor of California said the horse is sixteen feet high and he sticks to it. He sent a delegation to Washington said to be committed to the policy of suppressing the truth for the sake of commercial advantage. He denies there has ever been a case of bubonic plague in San Francisco, and claims "the reports are instigated by a conspiracy to rob the state of prestige in order that Northern Pacific interests may secure Oriental and transport trade."

Further temporizing with the situation in San Francisco on the part of the general government is a policy fraught with danger to the entire country. The *Philadelphia Medical Journal* hits the right nail on the head, and hits it hard too when it says: "The Commission appointed by the Secretary of the Treasury was supposed to have made up its report and sent it to the Secretary some weeks ago, but for reasons which doubtless seem good to Mr. Gage, this report was not promptly made public. We cannot too strongly protest against any further attempt to keep the plague situation in San Francisco a mystery. The local authorities in California have been guilty of suppressing the truth, and the United States Government should not tolerate this abuse any longer.

Much less should it keep back any reports of commissions or government agents relating to this subject. The public is vitally interested, and all alike have an equal right to know the exact facts. The announcement that 42 fatal cases of bubonic plague have occurred in San Francisco will be startling news to the vast majority of persons both within and without the profession. It heralds a serious situation, and it is a reproach to those public persons from San Francisco who were announced recently to have said in Washington that the only kind of plague existing on the Pacific Coast was of a 'noncontagious' character. The general demand of the public—both lay and professional—ought to be for the United States Government to take the situation vigorously in hand, with the co-operation of the local government, if possible, but without that co-operation if need be. There is getting to be a sort of optimism about plague being easily controlled and eradicated—but the facts in India do not prove this, and at any rate we do not want to be driven to the proof of it by a wide spread epidemic in this country."

Should the Secretary of the Treasury continue much longer the suppression of the truth in connection with the San Francisco plague situation he will be as guilty as the California health authorities and the governor of that state, in pursuing a policy that has been denounced from one end of the country to the other. We should remember though that the head of the health department of this government is a financier and not a sanitarian and it may yet be that the country will be able to get an impressive illustration of the fallacy of a method of government that makes the Secretary of the Treasury the sanitary chief of this great republic.

MARRIAGE LEGISLATION.

The general tendency of the times seems to be to prohibit by state statutory enactment, the marriage of persons where either of the matrimonial candidates is not physically sound or is the subject of hereditary diseases, such as insanity, epilepsy, tuberculosis, etc. Such laws would be impracticable and really impossible to enforce.

Upon this subject the *Journal of the American Medical Association* very correctly says: "So long as there is any part of the country where such laws do not prevail, they can be

rendered ineffective. There is still another objection—if legal marriage is made difficult, illegal births become more frequent and illegitimacy may be added to degeneracy in a considerable portion of the population, a result certainly not to be desired. It would be an excellent thing could we prevent the propagation of disease heredity. The sum of human happiness would be increased if fewer people were almost inevitably predestined from birth to suffering and disease but the question is how far can we prevent it by law with our social and political institutions."

We believe the proper and more effective way to attain the ends desired along the lines indicated is by education. As a rule men and women have some consideration for their progeny. They would move slowly before taking a step that they knew would entail misery and disease upon their offspring. The trouble is, at the marriageable age, very few men and women know the consequences of a marriage between persons suffering with diseases of a hereditary character. If they could fully appreciate the gravity of such unions they would make them much more slowly. They can be made to appreciate this gravity only by proper instruction in such matters before the marriageable age.

TO THE MEMORY OF DR. G. W. TRIMBLE.

Dr. Trimble was born in Limestone County, Ala., in 1822 and died at his home in Grenada, Miss., March 23, 1901. His youth and earlier manhood was spent in the newspaper business. For several years he published and edited the *Aberdeen Independent* and the *Aberdeen Bee*. He began the study of medicine with Dr. J. A. Trimble, of Russelville, Ala. and graduated in medicine in Louisville, Ky., in 1852, since which time he has resided in Grenada and vicinity. He was twice married, his last wife being Mrs. Rebecca Thomas, who died a few years ago. To this union were born two children, a son and daughter who survive him.

Dr. Trimble was an assistant surgeon in the Confederate Army. He was a prominent member of the Mississippi State Medical Association, having been its president and orator. For many years he was County Health Officer of Grenada County and later a member of the State Board of Health. For a long time he was surgeon of the I. C. R. R.

Dr. J. W. Young, long associated with Dr. Trimble, thus writes of our lamented friend:

"I think it would be right for me to delineate the deceased faithfully and truthfully, without the use of ornament or empty words. I will not weaken the praise which is due and well deserved, by claiming for him that excellence in every sphere of action and in every line of effort, so rarely allotted unto man, for I could not about one in whom my interest was so great, and with whose talents and virtues I had been so long familiar, be content to do the formal honors of custom by employing mere general phrases of eulogy. Perhaps, above all other men, my opportunities were the best to know him well in the relationship he bore to his fellow men and to the general public.

For eleven years my continual free intercourse with him taught me what he was, as a man and citizen. Dr. Trimble, I may say, had an outer and inner door to his heart. The first gave admittance to the world of men in general; the second or inner was only opened to those he loved, and in whom he had implicit confidence. He was quick to recognize true worth, and honored it, and he was equally quick to recognize sham and hypocrisy, and despised it. Who ever purposely wronged him, would some day feel the avenging blow descend upon him openly, in return, for he forgot an injury no sooner than a kindness.

But, in this he was reasonable, demanding no more than he would grant. He rarely talked confidentially to any man, and in his friendship there was trust, not always intimacy. In this he saw safety for himself and no wrong to others.

He was independent in thought and action, had strong convictions, and the courage to maintain them. A positive man, he adhered to his views when once formed, and his vigor in asserting them sometimes made him seem a little intolerant, but he was only so in appearance. He was learned in many things besides medicine and had a remarkable memory.

The writer will ever remember with pleasure the many hours he sat and listened to his many interesting narratives of men and affairs of the "long ago."

He oftentimes spoke regretfully of his past life, in that he did not give his heart to God in early life. When at last in 1891, after a hard struggle with himself, he made up his mind to change his course and unite with the church, he said to the writer, "Well, I have been traveling the wrong road a long time but I have made up my mind now to get in the right road and travel it the rest of my days, but the very

warp and woof of my being has been so long interwoven with the ways of the world it will be impossible for me to become a bright, useful, working Christian, but with the help of the Lord, I'll do my best.

A resident of Grenada for half a century, and being the strong man that he was, he has left the imprint of his high character on the people of both county and state. His virtues were many, his faults few, and he leaves a rich legacy of good deeds well done. He was a true husband, a kind father, a high-toned, honorable physician and a good citizen. The writer having been intimately associated with him in both a business and a social way for a number of years, can truthfully say, that during the whole time, not one impatient or hot word ever passed between us. He was my friend, tried and true, and I shall ever feel it my privilege, and it shall ever be my pride to say so, and to keep fadeless and fresh, the well earned honors of his life."

BOOK REVIEWS.

Gould's Illustrated Dictionary of Medicine, Biology and Allied Sciences, Including the Pronunciation, Accentuation, Derivation, and Definition of the Terms used in Medicine, Anatomy, Surgery, Obstetrics, Gynecology, Therapeutics, Materia Medica, Pathology, Dermatology, Pediatrics Ophthalmology, Otology, Laryngology, Physiology, Neurology, Histology, Toxicology, Dietetics, Legal Medicine, Psychology, Climatology Etc., Etc., and the various Sciences closely related to Medicine,—Bacteriology, Parasitology, Microscopy, Botany, Zoology, Dentistry, Pharmacy, Chemistry, Hygiene, Electricity, Veterinary Medicine, Etc. By George M. Gould, A. M., M. D. Based upon recent scientific literature. Fifth edition with additions and corrections. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street, 1901.

This dictionary contains 1632 pages. It is compact and printed on fine paper. It contains many thousand new words, including the old as well as the new spelling of certain words. The pronunciation of each word is given in a simple and easily understood phonetic method. It is profusely illustrated, each illustration serving a direct purpose. One of the most valuable and convenient features of this dictionary is Dr. Gould's plan of tabulating series of facts. This plan has been practiced by him in his smaller dictionaries, but in this volume many new tables have been introduced, viz: Surgical operations, Tumors, Animal Parasites, the

Composition of Electric Batteries, Pigments, etc. Many of these tables are illustrated, furnishing a maximum of information in a minimum of space. A good medical dictionary is an absolute essential to the physician's library. He not only needs a good dictionary but it must be a new one. Gould's far surpasses anything in the way of a one volume medical dictionary published in the English language. It is a new book and cannot be called a revision of older volumes. While its definitions are compactly given they are sufficiently full. The arrangement is admirable, and the press work is of a high order. "It is an achievement by Americans of which America may well be proud." Dr. Gould easily ranks among the greatest lexicographers of this or any other age. We commend his Dictionary of Medicine freely and unreservedly to our readers.

The International Medical Annual. A Year Book of Treatment and Practitioners Index. 1901, Nineteenth Year. New York: E. B. Treat & Co., 214-243 West 23d st. Price \$3.00.

The contributors to this book, thirty-five in number, rank among the most prominent men in the profession in this country and in Europe. In the preparation of this edition lines have been followed which met the approval of the profession heretofore.

In the department of Therapeutics special articles have been added on Toxins and Antitoxins and also on the "Light" treatment. A special article on X-Ray work in medicine and surgery by Macintyre of Glasgow will be found to be very interesting. It is shown by Dr. Macintyre that very considerable advancement has been made in the construction of apparatus and methods of diagnosis by means of X-Rays during the year 1900.

Part II, which embraces several hundred pages is devoted to "New Treatment." It is really a dictionary of new treatment in medicine and surgery. The first article in Part II is one by Dr. W. G. Spencer on Gunshot Wounds in the Abdomen. The question of whether gunshot wounds of the abdomen should be treated expectantly or actively is discussed in this article. He says that on this question a remarkable revolution has taken place as an immediate result of the Boer War. This part of the book covers a wide range of subjects and in it the physician can get all that is new.

The illustrations in the book consist of fourteen plates and forty-five wood engravings.

In the preparation of the nineteenth edition of the Annual the publishers have spared neither expense nor labor to make it of practical value to the physician and we think they have succeeded.

International Clinics. A Quarterly of Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other topics of interest to students and practitioners. By Leading Members of the Medical Profession of the world. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, with the collaboration of John B. Murphy, M.D., Chicago, Alexander D. Blackader, M.D., Montreal, H. C. Wood, M.D., Philadelphia, T. M. Rotch, M.D., Boston, E. Landolt, M.D., Paris, Thomas G. Morton, M.D., Charles H. Reed, M.D., Philadelphia, J. W. Balantyne, M.D., Edinburg and John Harold, M.D., of London, with regular correspondents in Montreal, London, Paris, Leipsic, and Vienna. Volume I. Eleventh series, 1901. Price \$2.00 per volume. Philadelphia: J. B. Lippincott Company.

The first volume of the eleventh series of the International Clinics is now out. The past series and especially the magnificent series of 1900 is so well and favorably known to the profession that a critical description of the eleventh series seems unnecessary, especially when its popular publishers were never known to go backward. If we are to judge of the succeeding volumes by the one now before us the publication will this year, even more than last, prove one of the wonders of medical publishing. In books of this kind certain articles usually impress the reader more than others. It is hardly true of this volume. From the first page to the last is found practical suggestions and concise and interesting statements of recent advancements in medicine and surgery. In the article on the "Treatment of Chronic Gonorrhea or Gleet," the author, Dr. Alexandre Renault, of Paris, goes into the minutest detail, leaving nothing to be inferred by the reader. No less interesting and instructive are the articles on "The Treatment of Eczema," by Professor Hallopeau, of Paris, "Scarlet Fever—Its Pathology, Varieties and Modes of Spread," by Biss, of London, "Gonorrhreal Rheumatism," by Campbell Williams, F. R. S. C. (Eng.), "The Pneumonia of Influenza and Its Treatment by Saline Infusions and Oxygen Inhalations," by Solomon Solis-Cohen, of Philadelphia, and "Compression of the Brain," by Professor Roncali, of Rome. It is a neatly bound volume of over three hundred pages and is well illustrated, containing thirty-five plates and figures.

Pulmonary Consumption, Pneumonia and Allied Diseases of the Lungs:

Their Etiology, Pathology and Treatment with a Chapter on Physical Diagnosis. By Thomas I. Mays, M. D., Professor of Diseases of the Chest in the Philadelphia Polyclinic; Visiting Physician to Rush Hospital for Consumption. 8 vo. pp. 539. Illustrated. Price \$3.00. New York: E. B. Treat & Co., 241-243 West 23d Street.

The author formulates the fundamental concepts of this work into the following propositions :

1. That pulmonary phthisis in the large majority of cases is primarily a neurosis, and that the pulmonary disintegration is secondary.

2. That any agent, influence or condition which undermines the integrity of the nervous system will engender pulmonary phthisis or some other form of pulmonary disorder.
3. That the only remedies of value in the treatment of pulmonary phthisis are those which appeal to, and act through, the nervous system;
4. That of special value in the treatment of phthisis is the Counter-irritant action of silver-nitrate introduced hypodermically over the vagi of the neck; and
5. That acute pneumonia, and other forms of acute pulmonary disease, are closely affiliated with disorder of the nervous system.

The first chapter of this valuable book is devoted to physical diagnosis of pulmonary diseases, and the author's thirty years experience in the treatment of lung affections places him in a position to make valuable suggestions in the important field of physical diagnosis.

He accepts the tubercle bacillus as a causative factor in pulmonary consumption but as he states practically in his first proposition it is secondary to other causes which act independent of it. He strongly urges his propositions, and liberally supports them by citations from authorities. Ten chapters of the book are devoted to the etiology of pulmonary consumption, and the remaining is devoted to Pathology and Treatment, Pneumonia and other acute affections of the lungs.

The book well deserves the attention of the medical profession.

Self Examinations for Medical Students. Three thousand five hundred questions on medical subjects arranged for self-examination. With the proper references to standard works in which the correct replies will be found. Third edition enlarged with the questions of state examining boards of New York, Pennsylvania, and Illinois. Price 10 cents. Philadelphia: P. Blakiston's Son & Co., No. 1012 Walnut Street, 1901.

This little book meets the actual wants of the medical student. It is intended for self-examination and for this reason the questions and replies are not given in the same place. If the student wants to know the character of questions that are asked by every examining board in the Union he can find it in this little book. It would be well for any one desiring to go before an examining board to familiarize himself with them.

MEDICAL NEWS AND MISCELLANY.

THE State Board of Health will meet in Jackson, Tuesday, May 14th, 1901 for the purpose of examining applicants to practice medicine in this state. Write to Dr. J. F. Hunter, Secretary, Jackson, Miss., for particulars.

ON April 26, 1901, in the case of W. P. Smith vs. the St. Louis & Western Railway Company in evading quarantine regulations against the importation of cattle in 1897, the Supreme Court of the U. S. decided that a state has the right under its police power to protect itself against infectious diseases, even though commerce may be incidentally interfered with by the regulations for such protection.

LISTERINE

The word Listerine assures to the Medical Profession a non-poisonous antiseptic of well proven efficacy; uniform and definite in preparation, and having a wide field of usefulness.

On account of its absolute safety, Listerine is well adapted to internal use and to the treatment of Catarrhal Conditions of the mucous surfaces.

LITERATURE DESCRIBING THE BEST METHODS FOR USING

Listerine in the Treatment of Diseases of the Respiratory System

WILL BE MAILED TO YOUR ADDRESS, UPON APPLICATION.

We beg to announce that, in addition to the 14 oz. bottle, in which Listerine is offered to the trade, the pharmacist can now supply a smaller package, containing 3 fluid ounces, which is put up for the convenience of practitioners who prefer, upon certain occasions, to prescribe articles of established merit in the Original Package, under the seal and guarantee of the manufacturer.

LAMBERT PHARMACAL CO., ST. LOUIS.

TRI-IODIDES (HENRY'S.) LIQUOR SALI-IODIDES.

*Colchicina. 1-20 grain.
Phytolaccina. 1-10 grain.
Solanina. 1-3 grain Soda
Salicylate. 10 grains Iodic
Acid. equal to 7-32 grains
Iodine Aromatic Cordial.
Dose, 1 to 2 drams in water.
8-oz. bottle, \$1.00*

An hepatic stimulant increasing the quantity and fluidity of the bile. Relieves hepatic and intestinal torpor; does not cause the unpleasant gastric symptoms of potassium iodide.

THREE CHLORIDES (HENRY'S.) LIQUOR FERRISENIC.

*Each drachm contains
Proto-Chlor Iron 1-8 gr/
Bi-Chlor Mercury, 1-128
gr.; Chloride Arsenic, 1-280
gr.; Calisaya Cordial. Dose,
1 to 2 drachms. 12-oz.
bottle, \$1.00*

Stimulant to the peptic and hydrochloric glandular system of the stomach, especially serviceable in the impaled appetite, nausea, vomiting and other gastric symptoms of alcoholic subjects.

MAIZO-LITHIUM LIQUOR LITHIUM MAIZENATE.

*Nascent Chemie Union
of Maizein Acid — from
Green Corn Silk — with
Lithium, forming Maize-
nate - Lithium. Two
grains to drachm. Dose
1 to 2 drachms. 8-oz.
bottle, \$1.00*

Those cases of irritable heart, irregular or intermittent pulse so frequently met with by insurance examiners and found to be due to excess of uric acid, are special indication for Maizo-Lithium.

HENRY PHARMACAL CO., LOUISVILLE, KY.

COMMENCEMENT Exercises of the Medical Department Tulane University of Louisiana, will be held in the Grand Opera House, New Orleans, May 1st, 1901. We are glad to note that our friends Drs. Hugh B. Caffey, of Birdsong, and W. H. Pevey, of Forest, are among the graduates of this class.

Ptomaines.

One of the leading specialists of the South, Dr. W. L. Bullard of Columbus, Ga., concludes a highly interesting and instructive article on Ptomaines in the following manner: "In all my twenty years' experience at special work, where the quick and safe relief of pain is the object of treatment, I have found nothing to equal five-grain antikamnia tablets. This remedy is not only a foe to ptomaines and their absorption, but is also a corrective in cases of poisoning by food-decomposition. As purely pain relievers, these tablets of course are recognized the world over as non-cardiac depressants, and free from any tendency to produce habit. I would also call the attention of the profession to these instances wherein it is strongly advisable to rid the system of the offending matters morbi as well as to correct their harmful influences whether it be in the poisons of food-decomposition or the absorption of ptomaines. In such cases I know of nothing better than Laxative Antikamnia Tablets. These tablets judiciously administered, rid the system in a perfectly natural manner of the offending material and lessen therefore, the quantity of medicine necessary to be taken by the patient and produce no disturbing influences on the delicate molecular interplay of the nervous structure."

A powerful alterative and resolvent, glandular and hepatic stimulant, and succedaneum to the iodides. Indicated in all conditions dependent upon perverted tissue metabolism; in lymphatic engorgements and functional visceral disturbances; in lingering rheumatic pains which are "worse at night." Bone, periosteal and visceral symptoms of late syphilis; for the removal of all inflammatory, plastic and gouty deposits. A remedy in sciatica, megrim, neuralgias, lumbago and muscular pains; the gouty and rheumatic diathesis; acute and chronic rheumatism and gout; chronic eczema and psoriasis, and all dermic disorders in which there is underlying blood taint.

A remedy in sciatica, megrim, neuralgias, lumbago and muscular pains; the gouty and rheumatic diathesis; acute and chronic rheumatism and gout; chronic eczema and psoriasis, and all dermic disorders in which there is underlying blood taint.

An oxygen-carrying ferruginous preparation, suitable for prolonged treatment of children, adults and the aged. Indicated in anemia and bodily weakness, convalescence from acute diseases and surgical operations; boys and girls at the age of puberty, and the climacteric period in women. In children with chorea, rickets, or who are backward in development, or in whom there exists an aversion to meats and fats. Prolonged administration never causes "iron headache."

As an adjuvant for potassium iodide the undesirable manifestations known as iodism can be removed.

Stimulant to the peptic and hydrochloric glandular system of the stomach, especially serviceable in the impaled appetite, nausea, vomiting and other gastric symptoms of alcoholic subjects.

A genito-urinary sedative, an active diuretic; solvent and flush indicated for the relief and prevention of renal colic; a sedative in the acute stages of gonorrhœa, cystitis and epididymitis; in drospical effusions due to enfeebled heart or to renal diseases. As a solvent in the varied manifestations of gout, goutiness and neurotic lithemia, periodical migrainous headache, epigastric oppression, cardiac palpitation, irregular, weak, or intermittent pulse; irritability, moodiness, insomnia and other nervous symptoms of uric-acidemia. Decidedly better more economical, extensive in action and definite in results than mineral waters.

Those cases of irritable heart, irregular or intermittent pulse so frequently met with by insurance examiners and found to be due to excess of uric acid, are special indication for Maizo-Lithium.

DR. E. J. NICHOLSON, of Carrollton and Miss Mary Gus Barrett, of Edwards, were married at the home of the bride's father in Edwards, Miss., April 4th, 1901.

DR. WITTON BOOTH RUSS, of San Antonio, Texas, is now associate editor of the *Texas Medical Journal*. Dr. Russ will have especial charge of the book reviews and exchanges.

DR. W. D. PIERCE, of Lake Providence, La., was recently married to Miss Helen Guider, of this city. Dr. Pierce is a deserving and popular young physician of Lake Providence, and Miss Guider was one of Vicksburg's most charming young ladies. We wish them happiness and prosperity.

DR. J. J. KINYOUN, Surgeon Marine Hospital Service, has been relieved from duty at San Francisco, Quarantine Station. As we feared, the Supervising Surgeon General did not have the courage to withstand the pressure of influences fighting the idea of plague in San Francisco. The action of the Surgeon General is a reflection on his own service. Dr. Kinyoun has shown himself to be an efficient officer, and one of great courage.

AT THE Sixty-eighth annual meeting of the Tennessee State Medical Society the following officers were elected: Deering J. Roberts, M.D., (Southern Practitioner) Nashville, President; J. B. Murfree, Jr., M.D., Murfreesboro, L. A. Yarbrough, M.D., Covington, W. B. St. John, M.D., Bristol, Vice-Presidents; A. B. Cooke, M.D., Nashville, Secretary; W. C. Bilbro, M.D., Murfreesboro, Treasurer. Next place of meeting: Memphis, Tenn., on the second Tuesday in April 1902.

IT IS with feelings of regret that we chronicle the death of Mr. William R. Warner, of Philadelphia, the senior member of the firm of William R. Warner & Co. Mr. Warner was not only known and appreciated by the commercial world but for a period of nearly fifty years his name has been familiar to the medical profession. It is said by those of his friends who knew him best that his business career was honorable and his impulses as a man were kindly and generous. No higher tribute than this can be paid man.

VICKSBURG SANITARIUM,

Private Hospital of Dr. D. P. Street, for the
Treatment of Medical and Surgical
Diseases.

No Contagious or Infectious Diseases
Admitted.

*A MOST CORDIAL INVITATION IS EXTENDED TO
PHYSICIANS TO TREAT THEIR PATIENTS IN THE
INSTITUTION, WHERE THEY WILL BE
ACCORDED EVERY COURTESY
AND ATTENTION.*

Superior facilities for X-Ray work. Twelve-plate Static Machine.
Appliances for Proctoscopic and Colonoscopic Examinations.
Complete outfit for Chemical and Microscopical Diagnosis.
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Skillful and experienced graduated nurses employed.
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Special arrangements for lying-in patients.

For further information address,

D. P. STREET, M. D.,

Corner Crawford and Monroe Streets,

VICKSBURG, MISS.

THE Indiana Legislature has passed a bill providing for the appointment of a marriage commission. This commission is to be composed of two women who are mothers, two physicians of note, and one attorney. The object of this law is to prevent marriage between the unfit. The commission is to prepare a set of questions which the candidates for marriage license will be required to answer.

THE time for closing the contest for the prize offered by the RECORD for the best original essay on any medical or surgical subject has been extended to Sept. 1st, 1901. This prize is a No. 80, \$100.00 Clarke & Roberts surgical table. The conditions of the contest are not changed in any way except as to time. Subscribe and send in your paper as soon as possible. The time will positively not be extended after the date mentioned above.

THE working of the Tennessee Law, *The Journal of the American Medical Association* says: "At the recent state medical examination in Tennessee, there were thirteen applicants from outside the state, two of whom passed, and 150 from Tennessee Colleges, all of whom were passed without examination. This shows the effect of recent legislation exempting Tennessee graduates, but this is not all; a number of new schools were reported and at least one had already its graduate applying for a license. Besides medical schools of varying pretensions there were magnetic schools whose output had also to be licensed under the law. The state has now over two thousand medical students in its institutions, of all classes, and bids fair to become over run with its own legalized graduates before the idiotic legislation responsible for present conditions can be repealed. There are possibilities almost as bad as being a dumping-ground from outside sources and Tennessee seems likely to experience them."

Hart's Alimentary Elixir.

A Preparation, that, *will support* the Vital forces in treatment of our Southern fevers; is of the greatest possible value; a tonic stimulant; a perfect liquid food—something palatable to weak patients and readily assimilated by delicate stomachs. The Albumen in form of peptonoids, combined with *aged* brandy and aromatics. Such, is HART'S ALIMENTARY ELIXIR.

DOCTOR

Will you, in prescribing cod-liver-oil emulsion, write the name of the best one?

Don't leave it open. That gets one of the worst.

SCOTT & BOWNE, 409 Pearl street, New York.

ITALIAN RECOGNITION. "The Italian Government has tendered Dr. Eugene Wasdin of the United States Marine Hospital Service, the Cross of Officer of the S. S. Maurizio et Lazzaro, in recognition of his services in verifying and confirming the Italian studies and discoveries regarding the nature of yellow fever." We take the above from the *Philadelphia Medical Journal*, of March 23, 1901.

Dr. Wasdin is a surgeon in the U. S. M. H. S., and has had considerable experience with yellow fever, clinically and otherwise. He is a southern man, a native of South Carolina, and we are glad to record this recognition of his services by a foreign government. He saw his first case of yellow fever at Ocean Springs in 1897, and he, in connection with Dr. W. H. Saunders, of Mobile, Ala., and the writer made the first autopsy on a yellow fever subject at that place. A few days afterwards, he contracted the disease himself and was quite sick for several days. Dr. Wasdin is a man of some ability but he can not be thought of as an original thinker and investigator. His verification and confirmation of the Italian studies of yellow fever will not strengthen the conclusions of Sanarelli with the medical profession of the United States.

THIRTY-FOURTH ANNUAL MEETING MISSISSIPPI STATE MEDICAL ASSOCIATION.

We take pleasure in publishing the following letter from the Secretary and regret vey much that the program mentioned in the letter did not reach us in time for publication. If you have not received the program referred to, write to Dr. J. R. Tackett, Secretary, Meridian, Miss., and he will be delighted to send you one:

MISSISSIPPI STATE MEDICAL ASSOCIATION, }
J. R. TACKETT, Secretary, Meridian. }

Editors Mississippi Medical Record:—

In view of the fact that the 34th Annual Meeting of the Mississippi State Medical Association is but a short time distant, I write that you insert the following program in the May issue of the *Record* and to assist me in bringing the date of the meeting before the profession of the state, and to ask the cooperation of every reputable practitioner within the borders of Mississippi in making it one of the greatest and most enthusiastic meetings we have ever had. Never before was there more interest manifested in State and National Medical Associations, every where, and I feel confident, if the physicians will attend this meeting and help to build up the principles of organized medicine in Mississippi, we will have such a meeting as was never before seen in the state.

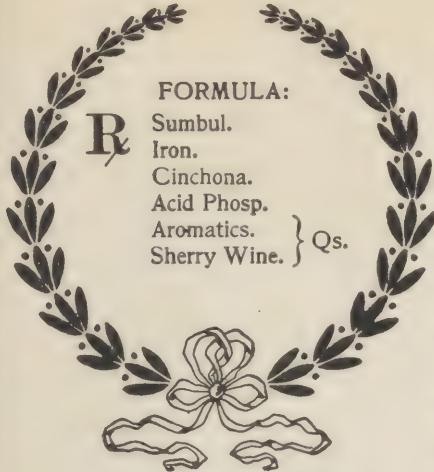
The Association will convene in Representative Hall, Jackson, May 8-10. Reduced rates will be granted by railroads in the state, on the certificate plan. In purchasing tickets at your home office, have the agent give you a certificate. You will pay the regular fare to Jackson and on your return, a fare of one-third will be granted you.

The attendance promises to be good, and a rousing meeting is expected. A physician's life is a very trying one and is full of grinding toil and wearing, eternal responsibility; they need to get away from home, where their eyes cannot see the tortured features of pain or their ears catch the faint sigh of anguish; they need rest and recreation and a mingling with their fellow practitioners; they need to look once more on the beautiful spire of that grand old antique which, in wet weather, leaks, aye. "even to the ground floor;" they need to flash along the streets of Jackson on electric cars and dream of the time when they were want to push along the old ones three times a day, after each meal; they need to catch the echo of popping bottles, filled with a fluid more potent and sparkling than ever flowed from a Pearl.

Come to the meeting—at Jackson—in May—on the 8, 9 and 10.

J. R. TACKETT, Secretary.

DR. J. R. KIRKLAND died at his home in Meridian, Miss., April 6th, 1901. Dr. Kirkland was one of the oldest and most highly respected physicians of that city. He went to Meridian from Scott County in 1876, and has resided there since that time.



TONO SUMBUL CORDIAL

(W. R. WARNER & CO.)

Comprises a combination of tonics in active form, which, taken under the supervision of the physician, will cause patients to gain in strength and weight.

As will be seen, it does not contain Coca or any ingredient which might induce a drug habit, but is a superior tonic, used to advantage and discontinued with no after effects.

It is palatable, and especially serviceable where the stomach of the invalid rebels at a nauseating preparation.

SEE THAT YOU GET THE ORIGINAL.

SUPERIOR TO PEPSIN OF THE HOG.
INGLUVIN A Powder—prescribed in the same manner, doses and combinations as Pepsin.

A Specific for Vomiting in Pregnancy.

PREPARED ONLY BY

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PHILADELPHIA.
NEW YORK.
CHICAGO.

Mississippi Medical Record.

VOL. V.]

JUNE, 1901.

[No. 6.

ORIGINAL CONTRIBUTIONS.

A DEGRADATION OF THE MATERNAL OBLIGATION.

BY J. C. WEAVER, M. D., THOMASTON, GA.

The strongest instinct in all living beings is that of self preservation,—the first law of nature. Next in order comes the sexual instinct, the desire to propagate a species that have distinct physical and mental characteristics to each other, individuals, whose generative organs differ in physical characteristics, and it insures the development of families, and the perpetuation of the race. It is this instinct that is the source of most that is pure and noble within us; it is the inspiration of the triumphs in music and art, poetry and romance, sculpturing and painting; if properly subjugated,

it will enable a man to reach the highest levels, but should the being become servant to the master passion, it will drag him down to the lowest depths of infamy and despair. The pure, healthy glow of sexuality, which is the boon to the individual and to the race, becomes a curse, when debased by sensuality. The one is a normal instinct, perfectly under the control of reason, the other is a hyperaesthetic condition, usurping reason, and dragging down to its filthy level, all that is good and noble in the human make-up.

Sexual love is the passion that unites the sexes. The stimulating impressions produced by health, youth and beauty, ornaments and other artificial means of attraction, are all elements of this feeling. The great effort of nature is to people the earth with living beings, and she is incessantly at work, striving to accomplish this end, and in order to perpetuate the species, she supplies a biological instinct, a sexual appetite, or a sexual love, and this amorous efflorescence is the first cause of love and marriage. The existence of love is simply to bring about the union of the spermatazoa and the ovum, all other charms are fascinations belonging to the domain of love, centering in this one deep and natural source.

Every menstrual period in the female is merely an expression of nature's desire that the species shall be propagated, nor is this desire left to the whims and fancies of fickle mankind. This love-compelling sexual instinct constrains males and females to mate in order to carry out a fulfillment of her designs.

So strong is the sexual instinct that it is natural for men to long for women, and at some time or other, contemplate marriage: one from love, to make himself and the woman supremely happy by having his soul knit with hers: one from the praise-worthy desire to beget children, who shall bring honor to his name, and perpetuate the family line; another from romance, and others purely for the base purpose of gratifying their sensual appetites.

The marriage of to-day, that is a goodly number of them, are not made to perpetuate the species. They may marry for romance, or to satisfy their sexual appetite, but they do not marry for off-springs. The moment the female contemplates becoming a bride, she either seeks, or has

thrust upon her, a hundred remedies or devices to prevent conception. Prescriptions that have been as heir-looms in some families, with verbal testimonials from each married member of the household, are shown her and she procures a copy. One married friend may mention cold douches after each act of copulation; another may tell her of the priceless value of the womb veil; and so it is until the idea of copulation without conception becomes paramount in the brain of the bride of the present century, and she will use any method deceiving her husband and herself, to carry out this one desire. She may even consult her physician at this period for some remedy to relieve her of the maternal obligation of her marriage vows. The laity have an idea that a physician can prevent conception with the use of some secret and potent charm, but the only method of preventing conception that a physician can offer is for the male to sleep apart from the female and abstain from coitus. In doing this the laws of nature are not outraged and the price of cheating nature—a shattered constitution—is not visited upon the woman. Criminal abortion is the goal to which the path of lust inevitably leads: it is nothing but “murder most foul, a secret killing with premeditated malice—a proof that the wages of sin is death.” Criminal abortion is defined “as a premeditated or intentional abortion procured at any period of pregnancy by artificial means, and solely for the purpose of preventing the birth of a living child—fœticide.” In common law the criminality depends upon the abortion being caused after quickening, and in different countries the sentence varies from a two years penal servitude to that of death. The statutory clause of ‘quicken’ is the loophole through which the abortionist escapes after pocketing his fee. Quickening is merely an incident in the course of pregnancy and it is absurd to think that the fœtus is not endowed with life until the mother can feel the motions. The fœtus is alive from conception, and all intentional killing of it is murder. It is not within my province to discuss the prevalence of criminal abortions that follow illegitimate sexual pleasure, I wish to speak only of those who have taken the marriage vows. Any sophist who defends the slaughtering of the innocent child at any period of its existence is held in deepest contempt by every member of repute in the medical

profession. Man's physical nature is inseparably correlated with the moral so that he hopes to ascend to a higher and nobler life, and undergoing a secret growth while he is a dumb and unseen embryo, he is by degrees being shaped and perfected for the hopes of the loftiest estate of any created thing of which we have knowledge. That this hope should be blighted and that the precious life of the defenceless human being should be snapped asunder by a violent expulsion from its natural place of lodgement is an outrage which nature punishes, by calamities to the mother, both physical and moral.

Many will doubtless be surprised to learn that criminal abortion is practised much more frequently among the married than the un-married. Here indeed is a perversion of nature! Maternal sympathy and care and tenderness are withheld, and harm is plotted for the child by the mother, who has failed in her duty. The parents who have sworn to the obligations of wedlock, which has for its legitimate end the perpetuation of the species, plot for the danger and death of their child,—while the lioness will bleed and fight to the death for her cub. The rough hand of the uncouth savage becomes soft to his babe; and motherhood among all higher animals means care and tenderness, self-sacrifice and love; but the degeneration found in some phases of social life, which replaces ethics and religion with lust and lasciviousness, has given to the world a most perverted type of nature's craft. No better solution of the question could be offered than that of Scott, who says, in answer to a request for his services for a criminal abortion, "Madam, let us kill one of the children already born, if you cannot support it any more; it will be far safer to your health to allow the babe in your womb to go to full time, and be delivered naturally, and the crime will be the same."

The abortionist fattens on the law that dominates the emptying of the womb of a pregnant woman, merely a misdemeanor before quickening, and only a felony thereafter. The abortionist, for his own selfish reasons, does not contemplate such a contingency as the death of the mother; but, as regards the foetus, the act is one of cold, deliberate, unrelenting murder. He recognizes no higher law than his own base interests; whose heart has long ceased to know a human

feeling ; whose soul is freighted with abominable crimes ; whose hands are stained with the blood of innocent children —victims of his foul lust for gain. He desires the fee, and nothing else,—except the woman shall not die—her shattered health being a matter of no concern to the coarse and unprincipled brute.

Of course, the women who seek relief from pregnancy abhor these fiendish abortionists, and only apply to them when they have been refused assistance by their regular practitioner. The position of physicians is indeed unique : no other class of men are urged to commit murder as they are, but these temptations which are presented to every doctor, should be put aside, without exception.

“ No argument which the woman may offer, to save herself from disgrace, no appeal to his sympathies, no fee which may excite his avarice, should lead him to commit this crime against human and divine law,—Heart’s blood weighs too heavily.”

Hood says : “ Every man who undertakes the practice of medicine is met upon the thresh-hold of his career, by what I do not hesitate to pronounce, one of the most powerful, baneful, damning combinations of temptations, that can possibly assail the human heart. All that is good, all that is evil within him, is subjected to the strongest pressure that can be brought to bear, by the combined influences of pity, sympathy and sometimes greed ; youth and beauty on bended knee, with clasped hands and streaming eyes, implores help, with more devoted earnestness of purpose, with more burning reality of feeling than that with which she approaches the throne of Grace.”

ULCERS OF THE LEG.

BY J. W. HUNNICUTT, M. D., POPLARVILLE, MISS.

My intention is not to present an exhaustive research on the ætiology and pathology of ulcers of the leg, but simply to set forth as much as will be necessary to know, in order to be able to treat each case successfully.

The first question to be considered in a case of ulcer of the leg is, is it a purely local disease or what constitutional

facts exist that would favor such a morbid condition? An ulcer may continue to exist from neglect, local irritation, infection, and by reason of varicose veins.

Even if such causes are removed, the ulcer may not heal on account of a faulty state of the body. Where such a dia-thesis exists, constitutional treatment is indicated, and proper. Any condition that would tend to lower the vital forces, be it syphilis, anemia, tuberculosis, gout, diabetes, or any of the various diseases that manifest an inclination to retard tissue repair, should be recognized and properly managed, local measures being employed in order to insure success.

What I wish to lay special stress upon in this paper, is the local treatment, which in the majority of instances will be sufficient, provided it is properly executed. Due attention should, and must be given in detail, as some apparently trivial neglect may cause our defeat.

A patient often comes to his physician with an ulcer in the very worst condition imaginable for healing. There is often a dirty, greasy rag wound around the leg, or the woolen stocking alone serves as a dressing and keeps up the irritation. Frequently, also, the quack or "cancer doctor" has had a chance at it, to manifest his superior abilities in (mal)treating an ulcer with his armamentarium of poultice, Spanish fly and cancer salve.

"Cleanliness is next to godliness," is the old saying, but in ulcers of the leg it is absolutely obligatory. The first step in the right direction, is a thorough cleansing of the ulcer and the surrounding integument. Should the ulcer be in an unhealthy and indolent condition, which condition is almost always the case, the use of soap and water and a good scrubbing with a stiff bristle brush is the proper initiatory procedure. Of course great pain is sometimes caused by such a radical proceeding, and in very sensitive subjects it may be impossible to carry it out effectually without the aid of local anaesthesia, but the pain will generally be tolerated if the necessity of the operation is explained to the patient.

To bring the ulcer into a healthy state is our chief concern, and is tantamount to cure, as the subsequent treatment is quite simple. Soft granulations ("proud flesh") should be removed with the curet, or may be touched with the solid stick of nitrate of silver. Undermined edges may be pared

off although this is seldom required. But if there is a great deal of induration the edges may be nicked with a curved bistoury in several places. Peroxide of hydrogen is amply sufficient to stop the hemorrhage and is an excellent agent for final cleansing of the ulcer. In ordinary cases it is not necessary to employ such radical means as those above mentioned. The ulcer is wiped clean with absorbent cotton, antiseptic gauze or peroxide of hydrogen is applied in full strength and the ulcer is then filled with boric acid and covered with borated carbolized gauze. The boric acid is a very valuable remedial agent in ulcers of the leg. It is antiseptic and in this case certainly analgesic, as the patient invariably experiences relief, often greatly desired, from the aggravating itching and sometimes severe pains felt in the ulcer, and an undisturbed sleep the next night is generally the happy result. Most ulcers of the leg are caused by a depraved state of the local blood supply. The tortuosity of the superficial and sometimes of the deeper veins of the leg favor venous stasis and interferes with the nutritive forces of that locality. In order to be able to effect a cure, this condition may be rectified by relieving the veins of their superabundance of blood and by aiding the over distended venous coats to resume their normal proportions. This is done by bandaging. In order to be effective the bandage should be carefully applied, so that equal pressure is brought to bear throughout. The bandage should reach from the toes to the knee. The material of the bandage is also of primary importance. A rubber bandage or stocking is difficult to apply correctly, and is irritating on account of the material, and also by the fact that it shuts out the air and retains the moisture from perspiration, which causes erythema and maceration of the epidermis. The bandage should be elastic, non-irritating, pervious to air and easy of application. Thin woolen flannel cut bias, three inches and a half in width and sewed together to the length of five or six yards makes the ideal bandage. It is elastic, light and easily applied; does not interfere with the integumentary functions, and can be washed when soiled, and another fact, not to be lost sight of, is that it is cheap. After a few experiments the patient can generally apply it correctly.

The first dressing should be changed after 24 hours. The ulcer is again cleaned by mopping it out with gauze and the

application of peroxide of hydrogen. If the ulcer is in a healthy condition very little is needed, except cleanliness and proper bandaging, in order to make it heal. But an ointment of which ichthyol is an ingredient generally acts beautifully. The ointment which I have found valuable is composed of:

R	Ac. carbol.	- - -	2 parts.
	Ac. boracic	- - -	10
	Pulv. camph.	- - -	7.5
	Ichthyol	- - -	20
	Oil andropogon nordi	-	qs.
	Ung. zinci. oxidii	-	qs. ad. 100
	M. ft. ungt.		

Sig. Apply once a day.

Of course the preparation may be changed to suit the case. Ichthyol is stimulating, antiseptic and promotes healthy granulation. The other ingredients, besides their antiseptic properties, are analgesic and slightly stimulating. After their application the aggravating itching in the ulcer is allayed and the patient is grateful for the change. Sometimes it is advisable to diminish the proportion of ichthyol, especially after the ulcer has begun to heal. The ulcer should be dressed every day for the first week. It should be cleansed scrupulously, without using any water. If a film has formed over the bottom of the ulcer it should be removed, soft granulations should be touched with the solid stick of nitrate of silver, and the edges given special attention.

Twice a week the ulcer may be filled with boric acid, as this will detach any devitalized tissue, and kill the various microbes that infest the ulcer. The patient may be able to attend to the dressing himself after a few instructions, but should also be seen occasionally until the ulcer is healed. If there is much swelling of the leg, or if there are large varicose veins with sluggish circulation the patient may be kept in bed, or the leg be supported on a chair if the patient is in a sitting posture, in order to facilitate the venous return and diminish the extravasation of serum. In large ulcers strapping with adhesive plasters is sometimes resorted to, but it has very little to recommend it. Skin grafting is of doubtful value and is seldom indicated.

Under the treatment detailed above the large majority of ulcers will heal in from three to four weeks, and any ulcer

will close up in from six to seven weeks, no matter of how long standing or what the extent of lesion.

One or two cases will serve as a sufficient illustration :

Case 1. Mrs. M., mulatto, 35 years of age, came to me for treatment after she had almost despaired of getting well. She had gone the rounds as usual without receiving the desired relief. Condition as follows: Mother of two children, slight varicosities of both limbs, more especially of right. Specific history negative, well nourished and seemingly in good health. Well marked cicatricial tissue on anterior surface of lower portion of leg just above the point now involved; she presents a history of having received a small scratch on her skin some three or four years previous, which became an angry ulcer and rebelled against all treatment. Portions of it would heal, but seemed to excrete a poisonous exudate which caused new tissue to become involved until, when I saw her, two large ulcers, one on either malleolus, and one on instep which were as large in circumference as to accommodate a silver dollar. In all appearances it seemed to be uncleanly and unhealthy. I at once rendered it perfectly clean with green soap and water, giving it a thorough scrubbing with a stiff hair brush, under local anaesthesia, drying it perfectly with absorbent cotton, applied peroxide of hydrogen freely, and packed with boric acid, covered with sterilized gauze and absorbent cotton and applied a bandage from toes to knee, as described above, as the patient lived some distance away, she was directed to remain for twenty-four hours for second dressing. At this time I noticed a marked change in appearance of ulcer, a great slough of dead denuded tissue came away easily and presented a healthy appearance. I did nothing but apply the peroxide of hydrogen, boric acid and bandage as before, giving her the above salve to use herself, with instructions to keep the limb on a level or somewhat elevated and to avoid much standing on the feet, which is a very important factor in the treatment of ulcers in this region, and to report to me twice a week, which she did several times, continuing same treatment for about four weeks when I pronounced her well.

Case 2. Mrs. D., married, aged 67, history of tuberculosis, a native of Michigan, presented herself to me with a very ugly ulcer of ten years standing, on external maleolus of

right leg. She was a morphine fiend and had used a great deal on this ulcer. In this case I saw a constitutional depravity, which was a causative factor in producing this ulcer and played the same role in preventing its healing. So I placed her on proper constitutional, with above local treatment, with the result that in two months it was completely healed.

These two cases I think sufficient to illustrate the efficacy of the treatment outlined. I do not claim it to be the only treatment that proves successful, but I do claim more satisfactory results from its use than any I have tried in ten years experience.

I beg your pardon if I have consumed your time unprofitably, with these few simple disjointed remarks on such a simple subject. Yet we recognize the fact that it is from the careful consideration of the smaller things that we are enabled to master the more intricate and complex questions.

CLINICAL LECTURE.

N. Y. POST-GRADUATE SCHOOL BY PROF. ROB'T. T. MORRIS. REPORTED BY JULIUS CRISLER, M. D.

Gentlemen: We have before us to-day, a few simple cases, and while they are simple, it does not mean we should handle them in a careless way, as we are won't to do, but to exercise all necessary care due any surgical procedure.

The first case I have to present is a ganglion. Now you all are doubtless perfectly familiar with the trouble and will simply say that a ganglion is a hernia, so to speak, of the synovial membrane between the tendon sheathes presenting itself as a small, round, rather resistant tumor near the wrist. Sometimes it is a mere bursa, then of course it does not connect with the synovial membrane. The little things are very hard to treat and requires some patience to dissect them out. I am quite fond of injecting them with a fifty per cent. solution of tr. thujæ after first inserting a needle and drawing out all the fluid possible. I find this is often quite sufficient to cure them. Another valuable use I have found for this tr. thujæ is in nævi. I have often seen pulsating nævi

disappear entirely by injecting them with this solution after having failed to remove them by electricity. These injections are very simple and satisfactory procedures. I would like to remind you in removing any tumor on hand or face to follow parallel with the wrinkles and crows feet, even if one has to cut transversely across the wrist. This applies particularly about the face of women who care so much for cosmetic effects. I have made quite long incisions on the face and closed the wound without producing any scar, by placing sterile adhesive plaster on each side of the wound and taking interrupped sutures through the plaster.

The next case I have to show you is a case for circumcision. A very simple operation, but very hard to do a painless and neat job. I find however the operation can be made absolutely painless by injecting a few minims of two per cent. sol. cocaine into the glans penis just above the meatus —then a few minims around the prepuce and frænum particularly as the frænum is very sensitive. Now throw a rubber band around the organ and with the scissors make a slit up the front and map out how much you want to take away by a small transverse slit at frænum, then take foreskin away—too much foreskin is often taken away at frænum which causes the organ to be somewhat bent.

I find the ordinary volasem in 3 to 5 m. doses a speedy antidote to cocaine. Another good antidote is morphine, and if $\frac{1}{4}$ grain of morphine is given hypodermically before using the cocaine it decidedly lessens injurious effects of the cocaine. Whenever you have a case of morphine narcosis give $\frac{1}{4}$ grain cocaine every 10 or 15 minutes hypodermically and you will soon see, even your most desperate cases where breathing has reduced to a very few, your patients come around alright.

Menstrual pains quickly relieved by cimicifuga racemosæ.—Shoemaker.

Don't be afraid of the peritoneum, be clean and treat it kindly and go in.—J. P. Price.

Never see a case of rectal irritation or hemorrhage without examination.—Keen.

Have a definite reason for giving a drug before giving it.—Hare.

All of us would be healthier and happier if our appendices were in a bottle of alcohol.—Price & Deaver.

Don't forget Mercier catheter in enlarged prostate.—Brinton.

CORRESPONDENCE.**EDITORS MISSISSIPPI MEDICAL RECORD:**

With the close of the past week there passes into history a most pleasant and profitable session of our State Medical Association. There were to be met young and old physicians from almost every part of the state, and a few from the states adjoining.

Our president, Dr. Minor, had succeeded well with his chairmen of sections, and the many good papers presented by the members of the Association evidenced the fact.

“Behold how good, and how pleasant it is for brethren to dwell together in unity!” is as true to-day as when spoken centuries ago; and is as applicable to the medical profession as to those to whom these words were spoken.

How a physician who loves his profession, is in harmony with his brother practitioner, and who wishes to advance the interests of the medical profession, can live within reach of a medical association and not become a member of it, and attend its meetings when he can do so, is a mystery unsolved.

One's presence adds to the interest of the meeting, if no other part than to be present, is taken. If he has attended our state association, he returns to his home, after having met a fine and intelligent body of physicians. He is proud of the fact that they are the equal of any to be found anywhere, and a feeling of new inspiration, of fraternalism and harmony in his dealings with his competitors are likely to be the result.

While we have some fine specialists in the state, our cities are not of sufficient size to offer the very best advantages to specialism, but as practitioners of general information, they will measure with the best, informed as to technique in operative work, but without the facilities, as a rule, for doing it as they would like, and for giving the after attention needed. They can, however, amputate a limb in a country farm-house, by a flickering lamp light, without pus, and do other important operations, and that too, without the presence of capped and gowned assistants.

The use of proprietary medicines, and ready made formulae, properly “got the black eye.” Aside from the financial and ethical grounds as objections to the use of most of

them, there are grounds still higher, and a more serious objection—the effect upon the physician as a student, when reliance is placed upon these preparations with accompanying instructions as to their use and application, or even though the formulae be furnished without instructions. It was pleasant to see the Association tending to high ethical grounds upon all points.

In digressing, somewhat from the subject under discussion, in considering the paper on suppression of typhoid fever, the Brand, Woodbridge, and other methods of treatment were discussed, and their claims, by some, pressed. We noticed with a great deal of pleasure, the warm and general applause given our worthy president when he expressed himself, decidedly, in opposition to the routine treatment of any disease, thus communicating an important lesson.

The action of the Association in reference to contagious and infectious diseases was, after all, probably a wise measure. While our law makers seem to think that contagious and infectious diseases are produced by appropriations, we know that the medical profession is the only source that can be depended upon to guard the public health. It may be proper therefore, regardless of unfriendly criticism, as a duty to the people of the state, to inform, and to advise our honorable representatives, and to thus relieve ourselves of responsibility.

Our state journal is showing evidence of success, of which we should feel a great degree of pleasure. At the low price offered it should be in the office of every physician in the state. Nothing exerts greater influence in medical advancement than good medical literature, and the pleasure of having a home journal should be appreciated.

Yours truly,

ROBERT E. JONES, M.D.

Crystal Springs, Miss., May 15, 1901.

ASSOCIATION MEETING.

The thirty-fourth annual meeting of the Mississippi State Medical Association met in Representative Hall, Jackson, May 8, 1901, with the President, Dr. H. A. Minor, in the chair. After the opening preliminaries the President appointed the following Executive Committee:

- FIRST DISTRICT—Dr. W. M. Paine.
- SECOND DISTRICT—Dr. K. P. Perkins.
- THIRD DISTRICT—Dr. H. L. Sutherland.
- FOURTH DISTRICT—Dr. J. L. McLean.
- FIFTH DISTRICT—Dr. J. M. Buchanan.
- SIXTH DISTRICT—Dr. J. M. Alford.
- SEVENTH DISTRICT—Dr. B. L. Culley.

The following applicants for membership were reported favorably by the Executive Committee, and they were duly elected by the Association:

R. C. Elmore, Black Hawk; A. R. Robertson, Pass Christian; F. G. Goodwin, Mt. Carmel; Joe C. Higden, Hazlehurst; J. A. McBride, Carrollton; C. G. McCutcheon, Vaiden; W. H. Frizell, Jr., Poplar Creek; Geo. H. McCain, Coldwater; J. L. Ware, Everett; T. A. Harris, Rosedale; M. L. Talbot, Cash; T. M. Dye, Florence. Jas. M. Lipscomb, Columbus; H. B. Wilson, Vicksburg; A. J. Newman, Bowling Green; May F. Jones, Columbus.

The Secretary called the roll and about seventy members answered to their names.

Dr. H. H. Haralson moved that the Secretary make change in the Constitution and By-Laws of the Association in accordance with the amendment passed at the last meeting relative to the method of electing officers. Carried.

A committee of five, on motion of Dr. Gant, was appointed to draft suitable resolutions expressing disapproval on the question of absorption of the Dry Tortugas quarantine station by the U. S. Navy, and asking our immediate representatives in Congress to use their influence in having the station restored to the Marine Hospital service—Committee: Drs. Bolton, Haralson, Gant, Smythe, Kiger.

The Association then adjourned until 8 o'clock p. m.

Evening Session, 8 o'clock p. m.

The Association was called to order by the President. First paper of the evening was "Comparative Death Rate of the Delta and Hills," by E. A. Cheek, M. D., Arcola.

The discussion of Dr. Cheek's paper was postponed, and Attorney General McClurg, of Jackson, welcomed the Association to the City of Jackson, which was responded to by Dr. P. W. Roland in behalf of the Association. Dr. H. H. Haralson, of Vicksburg, read a paper, "The Transmission of Yellow Fever." The paper was referred to Publication Committee. The paper was discussed by Drs. Dunn, Gant, Bolton, Ward, Berry and closed by Dr. Haralson. Adjourned.

May 9th, 8:30 a.m.

The Association called to order by the President.

Dr. H. L. Sutherland, of Rosedale, read a paper, "Symmetrical Terminal Neuritis Following Anglo-Neurotic Edema."

Dr. D. S. Humphreys, of Greenwood, read a paper on "Management of Smallpox to Curtail its Spread." The paper was discussed by quite a number, and Dr. Humphreys was congratulated on his successful management of the disease in Leflore County.

"Contagious and Infectious Diseases" was the title of a paper by Drs. Hunter and Gant, of Jackson. It was thought best to get the information contained in this paper before the Legislature, and reprints, on motion of Dr. Martin, were ordered and a committee of three appointed to present the facts contained in the paper to the Legislature.

Dr. Sexton read a report of "Some Surgical Cases."

The Committee on Removal of Dry Tortugas reported as follows :

WHEREAS, The Government has removed the quarantine station from Dry Tortugas, and

WHEREAS, We believe this will still further endanger the Mississippi coast by sending more infected vessels to the Gulf quarantine station at Ship Island because of the close proximity of this island to shipping and shore;

Resolved 1. This Association reiterates its earnest protest against making this a refuge station and believes a gre-

vious mistake has been made in the abandonment of Tortugas as a quarantine station.

2. That it is the sense of this Association that the danger to the people of the State of Mississippi will be greatly increased by the extra number of vessels obliged to seek refuge and quarantine accommodations at Ship Island, to say nothing of added inconvenience and expense of shipping.

3. That we appeal to our representatives in Congress to aid in an effort to restore to the Treasury Department these islands for the use of the Marine Hospital Service as a national quarantine station.

W. T. BOLTON, W. G. KIGER,
H. H. HARALSON, H. A. GANT,
 J. D. SMYTHE.

Association adjourned to meet at 2:30 p. m.

Afternoon Session, 2:30.

The Committee on Prize Essays made the following report, which was adopted:

We, the Committee on Prize Essays, beg to report under Section 8, Article 4, Constitution and By-Laws of the Association, that a prize of \$150.00 will be awarded to the member of the Association producing the best contribution on "Tuberculosis." The essay must be type-written and in the hands of the Committee at least four months before the meeting of the Association in 1902. To entitle an essay to the award it must be original and present ample evidence of being a substantial contribution to medical knowledge. None but resident members of the Association in good standing will be permitted to compete for the prize. All essays when submitted become the property of the Association and may be published in the transactions if deemed worthy. Each essay must be accompanied by a sealed letter containing the motto with the author's name subscribed. These sealed letters to remain unopened until the decision of the Committee has been reached in regard to awarding the prize.

H. H. HARALSON, Chairman.
R. E. JONES,
J. A. CRISLER,
W. M. PAIN.

Dr. B. F. Ward read a paper, "Mechanical Asepsis," which was received and referred to Publication Committee.

The Executive Committee presented the following applications for membership and they were admitted:

Ira B. Bright, Greenwood; B. S. Waller, Jackson; John A. Backstrum, Sumner.

Dr. Minor, the President, read his address on "Malaria," which was received with the thanks of the Association and referred to Publication Committee. The paper was discussed to considerable length.

"The Little Man in the Big Century" was the title of a paper presented by Dr. P. W. Rowland, of Oxford. The paper was received and a thousand reprints ordered for distribution, and especially to the county superintendents of education.

The Executive Committee reported the following names as applicants for membership, and they were received:

Frank Therrell, Jr., Ashland; W. E. Noblin, Yazoo City; J. P. Wilkins, Oxford; S. W. Glass, Dublin.

A motion was made by Dr. Kiger to rescind the resolution passed this morning offering a prize of \$150.00 for essay. Carried.

Adjourned to meet at 8:30.

Evening Session, 8.30.

Association called to order by Vice-President, C. D. Mitchell.

The regular order of business was suspended and the election of officers was taken up with the following results:

DR. J. M. BUCHANAN, Meridian, President.

DR. C. D. MITCHELL, of Pontotoc, 1st Vice-President.

DR. ANTHONY MILLER, Panther Burn, 2d Vice-President.

DR. C. H. TROTTER, Winona, Recording Secretary.

DR. B. L. CULLEY, Jackson, Assistant Secretary.

DR. D. S. HUMPHREYS, Greenwood, Corresponding Sec'y.

DR. J. F. HUNTER, Jackson, Treasurer.

Dr. W. H. Barr, Agricultural College, and Dr. Featherston, of Macon, were appointed delegates to the American Medical Association. Drs. W. G. Kiger, J. F. Hunter, M. J. Lowry, J. D. Smythe, T. A. Harris, H. L. Sutherland were also appointed.

Drs. Crofford and Smythe, of Memphis, read papers on "Appendicitis," and the Association adjourned to meet at 9 a. m.

Morning Session, 9 a. m.

Association convened with President in the chair. Dr. William Ailes read a paper on the "Hypodermic Syringe." The paper was referred to Publication Committee.

Dr. J. T. Berry read an interesting paper, "A Plea for More Strenuous Efforts in Suppression of Typhoid Fever." The paper was discussed by Drs. Sutherland, Perkins, Smythe Dunn, Gant, Brown, Welbourn, Little, Crisler.

Dr. C. L. Green read a paper on "Some Gonorrhreal Complications and their Management."

The following were elected to membership: W. N. Blount, Collins; F. B. Nimocks, Poplarville; C. H. Ramsy, Collins; D. W. Jones, Hermanville; E. P. Odeneal, Greenville; W. D. Beacham, Topisaw; J. J. Stringer, Oakville.

Dr. Geo. L. Harbour's paper on "Urinary Fever" was read by title and referred to publication committee.

Dr. J. M. Alford, of McComb City, read a paper on "Spinal Anaesthesia," which was discussed by Drs. Smythe and Crofford of Memphis.

Dr. R. E. Jones, Crystal Springs, "Heart Disease in Pregnancy." Paper received and referred to publication committee.

"Some Minor Points of Major Importance," by Dr. W. D. Hubbard, of West Point; "The Cocaine Habit," by E. H. Martin, M. D., Clarksdale. Discussed by Drs. Crisler, Gant, Trotter. Referred to publication committee.

The Association by vote thanked Dr. J. R. Tackett, the retiring secretary, for his efficient, honest, and capable services during his term of office for the last six years.

The Association, after transacting some business of minor importance, adjourned to meet in Jackson, the third Wednesday in April, 1902.

Fissure of the Anus.

Conitzer obtained most satisfactory results in the treatment of anal fissures with ichthyol. The fissure is first anaesthetized with cocaine, and pure ichthyol is applied with a bit of cotton on a glass rod. For subsequent applications which are made every other day, anaesthesia is generally unnecessary. Cicatrization is usually very rapid and stretching of the sphincter is not necessary. The bowels must be kept free.—*Medical Record*, New York.

ABSTRACTS AND EXTRACTS.**Routine Douching in Obstetrics.**

Since Semmelweis showed how greatly the mortality from puerperal infection might be reduced by simply washing the operator's hands before delivery, much attention has been devoted to methods for still further diminishing the number of infected cases. With this object in view routine vaginal douching before labor has been advocated by many obstetricians. In the year 1887 Gonner announced that the vaginal secretion of pregnant women examined by him did not contain the pathogenic bacteria which were usually found in puerperal infections, and that for this reason the use of vaginal douches before labor for the prevention of auto-infection was unnecessary. Since that time the advisability of routine douching before and after delivery has been frequently discussed.

The statistics advanced by those in favor of routine douching, as well as those presented by the opponents of this procedure, are of uncertain value. This is due largely to the diminution of the number of cases of infection in the maternity hospitals, by reason of the many improvements in aseptic technic, such as the restriction of frequent internal examinations, and careful disinfection of the hands. This small proportion of infected cases affords poor grounds for estimation of the results of ante-partum douching, as some of the cases infected are doubtless due to individual errors in technic and so prove nothing in regard to the value of douches.

Certain observers have discovered pathogenic micro-organisms in the normal vagina and for this reason advocate prophylactic douching. Others hold that the vaginal secretion possesses bactericidal qualities. These are attributed by Doderlein to its acid reaction produced by the vaginal bacillus which bears his name. The experiments of Kronig show that the vagina takes longer to eliminate pathogenic bacteria artificially introduced, when douches are employed; and other investigators have found that douching, with or without antiseptic solutions, usually fails to remove such organisms.

The recent bacteriological researches of A. Wadsworth (*American Journal of Obstetrics*, April,) have led him to condemn routine antepartum or postpartum douching. His technic was such as to exclude all possibility of contamination of the uterine and vaginal secretions, and both cultures and staining methods were employed. He found that it was exceptional that pathological bacteria persisted in the vaginal

secretion through pregnancy and labor, but that if they were present the lochia favored their growth, and energetic antisepsis after labor was necessary. Cultures from several cases in one of the best of New York's maternity hospitals demonstrated the persistence of streptococci in the vagina after repeated douching with a 1-5,000 solution of bichloride. He considers as requisite points that the disinfecting solution be brought into contact with all bacteria by distending the folds of the vagina, and that it be of sufficient strength to kill the micro-organisms without, however, injuring the vaginal wall. The douche, as ordinarily given, merely removes the protective resources of the vagina. Wadsworth's cultures confirmed the statement that the uterine cavity is usually germ-free. He emphasizes the necessity of differential diagnosis between sapremia and septic conditions, since intra-uterine douching after labor is strongly indicated for the removal of the abnormal contents of the uterus in the former class, while in septic conditions it is likely to aid in disseminating the process unless the uterine sinuses have been closed by granulation tissue. The rule which he lays down is that bacteriological examination of the cavity of the uterus should always precede an intra-uterine douche and such an examination should be made early, since, if a radical operation is required, an early determination of this point is of great importance in regard to its prognosis.

Reviewing the results of Wadsworth's observations as well as those of others, one cannot fail to note that antepartum douches frequently fail to remove pathogenic bacteria when they are present; that they destroy the natural protection of the vagina, whether this be its secretion as a whole or the vaginal bacillus; that they are liable to cause slight injuries to the vaginal wall and so furnish points for the entrance of infection, or at least, by removing the lubricant of the vagina to make labor more difficult and thus favor such vaginal traumatism; and, finally, that pathogenic bacteria may be introduced by these manipulations. For these reasons, and on account of the danger of dissemination of sepsis by intra-uterine douching while the uterine sinuses are closed only by infected blood-clots, one must in general agree with Wadsworth's conclusion; that "the routine management of cases should be freed as far as possible from all procedures which interfere with the natural resources of the body; for these, in the vast majority of cases, are sufficient protection against the invasion of pathogenic bacteria. In the few exceptional cases requiring interference this should be determined and directed by the bacterial examination."

This statement seems open, however, to slight modification. No one will deny that after manipulations which re-

quire the intimate contact of the hand with the interior surface of the uterus, as in manual extraction of retained secundines, it is wise to give immediately a bichloride douche for the purpose of flushing out any pathogenic bacteria which may have been introduced, before they have an opportunity to become attached to the uterine wall. Such a bacteriological examination as Wadsworth advises is obviously beyond the reach of the attending physician in a large proportion of cases in private practice, and in these the indication for douching must necessarily be derived from careful exclusion of all other causes of fever, with the presence of local symptoms. Whether the uterine condition is one of sapremia or of sepsis must, in such a case, be determined by the judgment of the physician, aided by the history of the labor and the probability of infection before or during labor as opposed to retention of secundines. As a general rule avoid douching in obstetrics unless it is particularly indicated—*The Medical News.*

Therapeutic Nihilism.

The *Journal of the American Medical Association* of January 5, 1901, points out editorially that optimism, not pessimism, is needed in medicine; not, however, the optimism that takes up each new fad to the exclusion of all old and tried measures, but the kind that begets hopefulness and confidence. There is a tendency, among a few, to therapeutic nihilism that is to be regretted. He who has watched a huge cardiac edema subside under the intelligent administration of digitalis, or who has seen an angry tertiary syphilide fade away under full doses of potassium iodide, or, above all, who has seen the threatening false membrane of diphteria shrivel and fall after the use of antitoxin, can never honestly express a disbelief in the benefits of modern therapeutics. Those who are yet opposing the use of antitoxin argue chiefly from a *priori* reasoning. The men who are treating diphteria with antitoxin, and who are old enough to compare their own results under the old means with those since they began to employ the new, have another tale to tell. The therapeutic nihilist has no place in modern medicine, now the science of therapeutics is becoming thoroughly rational. Profession of disbelief in measures for aiding in healing of disease is a confession of personal failure in practice. The fault is in the man and not in the method. Many diseases yet baffle us, and many of our agents are not yet perfect, but the spirit that will lead to a better state of affairs is only that of hopefulness and of belief in the capacity of medical science to grow until more and more diseases are conquered.—*Therapeutic Gazette.*

Home Bathing in Typhoid Fever.

In the *Medical News* of January 5, 1901, Dr. Simon Baruch describes certain hydropathic methods by means of which patients suffering from typhoid can be treated for pyrexia without the necessity of a bath tub. He insists that cold water, besides mechanically reducing the temperature by actual abstraction of heat, stimulates the circulation. This second purpose, however, of cold applications is only accomplished if friction accompanies the use of cold. The presence of the toxins of typhoid fever in the circulation relaxes the arterioles all over the circulation and so makes harder work for the heart. The application of cold then helps the circulation by toning the arterioles, thus making the blood paths narrower and the heart's pumping easier. Clinically this result cannot be observed by the disappearance of cyanotic conditions after the bath. Typhoid patients always look better after the bath; when they do not it is because some element in the technique has been neglected. The effect of the bath on the kidneys is like a summer shower on the parched plants at the end of a heated spell. Toxic materials have gathered as sources of irritation, just as dust gathers on the leaves of the plants, and when the circulation is toned up the narrowing of the lumen of the capillaries in the kidney sends the blood more rapidly through them, flushing them out and making diuresis more complete and efficient.

Reaction must follow cold bathing always, or the purpose of the bath is rendered abortive. We might think that emphasis need not be placed on this point in our day. Consultation of some of the text-books, however, shows what mistaken notions may be conveyed by ill-given directions. Lauder Brunton, the distinguished English therapeutist, in his text-book of therapeutics, edition of 1898, says that when the patient's temperature reaches a certain point he should be placed in the bath and left there until his temperature comes down. When he is first put in the temperature of the water should be about 65° F., and this may be reduced by additions of colder water or ice to 40° F. It is no wonder that he concludes his directions with the advice to remove the patient from the bath before his temperature becomes quite normal, because it may sink still lower after the patient is put to bed and symptoms of collapse may ensue. The main purpose of the bathing is neglected if these directions are followed and no friction is employed during the bath. No wonder under such circumstances that the bath should prove an unpopular remedy.

The use of rubber tubing through which cold water is allowed to flow is usually a mistake. It does produce a local lowering of the temperature, but absolutely without any com-

pensatory stimulation. After its application the skin will be found blue and pallid. For nearly the same reason sponge-baths, as they are usually given, are objectionable. The application of cold water in this way does lower the temperature, but it fails to produce any other good effect. Remedies for fever, it should be borne in mind, must be antifebrile as well as antipyretic. Antifebrile therapeusis modifies all the symptoms produced by the fever, especially the relaxation and tendency to exhaustion. Antipyretics only reduce the temperature, without affecting other symptoms of the fever. Above all, remedies must encourage the elimination of toxins from the circulation. This is best accomplished by general stimulation that makes every organ do its work and so arouses the reactive activity.

Patients whose temperature are above 102-5° F. should be rubbed with a wash cloth wrung out in cold water. As soon as the patient shows any signs of chilliness that are not relieved by the friction, the rubbing should cease. When his temperature reaches the same point as before, water five degrees colder in temperature should be employed and more friction exercised. After this a compress wrung out in cool water may be placed over the abdomen. This should be carefully covered with flannel and its application overseen with the greatest care, and, as a rule, not left to an inexperienced person. If the patient's temperature reaches 103° F., or if nervous symptoms occur, a towel bath may be given, the patient being covered with a towel, over which cupfuls of cool water are poured, each cupful being well rubbed in, the important thing being to act quickly and stop when the teeth begin to chatter.

When the patient's temperature remains persistently high and bathing facilities are not at hand, the patient may be rubbed with a smooth piece of ice. Each rubbing with ice is followed by a hand rubbing until the parts glow. Thus successive parts of the body are cooled and rubbed up.

It is important that plenty of cool water should be given to the patient during the course of the fever. Four to six ounces of water at a temperature of 40° may be given whenever desired, and if water is not craved, a regular system of giving draughts of water at certain times should be established. If the system of rubbing and internal administration of cool water be faithfully and regularly kept up, tubs are often unnecessary, even in severe cases. Under this method of treatment it is especially noteworthy that the amount of urine increases very satisfactorily and nephritic symptoms disappear. The system of rubbing is especially of benefit when baths are contraindicated, as in pneumonia or tendencies to hemorrhage.—*Therapeutic Gazette*.

THERAPEUTICS.**An Ointment for Corns.**

R	Acidi salicylici	- - - - -	5ss
	Resini	- - - - -	5i
	Adipis	- - - - -	5ii
	Olei amyg. dulcis	- - - - -	5i

M. Sig. Trim the corn and apply this ointment placed upon a piece of cloth.

—*Journal of the A. M. A.*

Treatment of Gonorrhea.

R	Plumbi acetatis	- - - - -	grs. xv
	Zinci sulphatis	- - - - -	grs. xii
	Ext. krameriæ flu.	- - - - -	5ii
	Tinct opii	- - - - -	5ss
	Aq. q.s. ad	- - - - -	5vi

M. Sig. Use as an injection twice daily.

—*Journal of the A. M. A.*

Astringents in Diarrhea of Children.

In cases where astringents are indicated, Sheffield recommends the following:

R	Bismuth subnitratis	- - - - -	5i
	Mistura cretæ comp.	- - - - -	5iii
	Glycerini	- - - - -	5iv
	Mist. acaciæ	- - - - -	5iiss
	Aqr menth. pip. q.s. ad	- - - - -	5ii

M. Sig. One teaspoonful every 2 hours until the bowels are checked.

Cavious Teeth.

Place in the painful cavity a plug of cotton soaked in:

R	Codeine	- - - - -	grs. $\frac{1}{4}$
	Oil of cloves	- - - - -	5ss
	Chloroform	- - - - -	5iss

—*Freemyer.*

Acute Nasal Catarrh.

R	Morph sulphat.	- - - - -	grs. v
	Pulv. acaciæ	- - - - -	5ii
	Bism. subnit.	- - - - -	5vi

M. Sig. A pinch four or five times daily.

—*Ferrier.*

Acute Rheumatism.

R	Sodii salicylat	- - - - -	5ss
	Potass. iodidi	- - - - -	
	Methyl. salicylat aa	- - - - -	5i
	Ext. cimicifugæ fld.	- - - - -	5ii
	Spir. vini. rect.	- - - - -	5ss
	Aquaæ q.s. ad	- - - - -	5iii

M. Sig. Teaspoonful t. i. d.

—*Pittsburg Free Dispensary.*

EDITORIAL.

EDITORS AND PROPRIETORS:

H. H. HARALSON, M. D.

D. P. STREET, M. D.

VICKSBURG, MISS.

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THE GONORRHEIC AND MARRIAGE.

Some time ago the American Medical Association appointed a committee to enquire whether and when the gonorrhœic may be permitted to marry and whether the matter is a proper one for legislation by statute. This committee placed itself in communication with the gynecologists and genito-urinary specialists of the country and thereby elicited much valuable information bearing upon these important questions. The report is published in the *Journal of the American Medical Association*.

Humiston gives it as his opinion that "without classifying doubtful cases as gonorrhea, 90 per cent., at least, of pelvic inflammatory troubles are attributable to gonorrhea, the infection being usually of a mixed character—gonococcal with some one of the pyogenic micrococci." Joseph Price says that in over one thousand sections for pelvic suppuration, 90 per cent. were traceable to gonorrhœal infection. He also states that 90 per cent. of those histories are reliable and clear. Of the great number of those from whom information was obtained on the question as to the percentage of pelvic inflammation traceable to gonorrhœal infection a large majority place it at from 25 to 75 per cent. Quite a wide range this is, but it shows very clearly that gonorrhea is responsible for a large per cent. of inflammatory diseases of the pelvic organs of women.

This committee also obtained valuable data upon the question of gonorrhœal infection by men where the cases had been pronounced cured after treatment and bacteriological examination. Many responded that upon this question they had no data: "Baldwin knows of but few instances when such examination has been made, but one such was followed

by prompt infection. Mann knows of but two cases; Jacobs gives 2 to 5 per cent.; Eastman 5 per cent.; Noble recalls three cases; Hirsh has seen it occur a number of years after the man was pronounced cured. Byford finds the infection usually from recent cases or complicated old ones. Lamphear has known a large number of infections when the man has not waited long enough, and when no bacteriological test had been made." On this question as on the first, Price gives a very high per centage, possibly very much too high. He says: "In a large per centage—over 50 per cent in married women." Lawrence estimates it as possibly 20 per cent. Jadassohn states that after he has given a man a thorough treatment and after thorough bacteriologic examination he has concluded that a man is cured, and he has permitted marriage, he has not known of a single infection following the marriage." Finger says: "With a very extensive genito-urinary practice and numerous candidates for marriage, I have as yet seen no case where a person, permitted to marry as cured has infected his wife." Frederick says: "I do not know that I have ever known of infection after thorough treatment, and the culture tests have been negative; most men, as you know, are pronounced cured when the discharge ceases. If your report can in any way lead the general profession to more fully realize the injustice they are doing by their careless and incomplete treatment of these cases and by the consent to marriage and to intercourse, not having proven that the man is cured, you will merit the praise of all womankind." As a rule men now know the consequences of a marriage when they are infected with gonorrhea, and all such usually consult a physician before marriage. Here is the opportunity for the physician to render a service that is incalculable to womankind. It is his duty, when consulted in such matters, to speak plainly and impress upon the man the necessity of waiting until it can be proven by repeated bacteriologic examinations that he is probably not capable of conveying the infection. When this is done, like Jadassohn and Finger, we believe the chances of infecting the wife are very remote.

In what proportion of cases of gonorrhea in the female is curable so that the patient is not infectious is another question upon which the committee sought information from the

gynecologist and genito-urinary specialist. Upon this question there was found also to be a great diversity of opinion. Johnson says the proportion is very small—"once a clap, always a clap." We positively do not believe it. Inflammatory disease of the pelvic organs may follow a gonorrhreal infection that will forever render the woman an invalid, but to say that the vagina when once infected will always convey the infection we do not believe. We know that the infection may exist for a long time. The writer recalls a case where the woman was positively known to have been infected by a first husband just prior to his death. Her widowhood extended over a period of seven years. During this time no one questioned her chastity, but her second husband was very promptly infected with gonorrhea after his marriage to her. Of course we have to accept the statement of the woman, that she got the infection from her first husband and the statement of the second husband that he had had no opportunity of getting the infection from any other source than the wife. Still we do not believe "once a clap, always a clap," Johnson is supported by Lapthorn Smith who thinks that none are absolutely curable, but qualifies his statement by saying that in the course of time the infection dies out—the gonococcus kills itself with its ptoxins—in all cases. Frederick says: "I have never seen one whom I felt sure was absolutely cured; if we could know all the subsequent history of women after we had treated them we might find that some were cured. I have known men to be infected by women whom I had treated thoroughly, and for a long period, thinking them cured." Noble thinks it difficult to eradicate gonorrhea in the female. Pozzi thinks it often curable. Ross makes a statement that we think very rational and it accords very fully with our own ideas. He says: "No reason to believe that there are any incurable cases in this sense so far as danger of infection of the male goes. While the disease may spread up into the tubes and ovaries and may produce incurable disease in these, I am firmly convinced that the vagina remains no longer infectious." Dudley says: Many widows who have had gonorrhea from the first husband fail to infect the second husband. I do not recall a case in which a man was infected in consequence of marriage with a widow. If the danger were very great I think more men

would suffer. Why should not a man marrying such a widow be as liable as a woman marrying a man with gonorrhreal record?" Watkins believes that nearly all cases are curable if treated early and properly. Wathen Bodley, Van de Warcker, Boldt, Grandin, Robb, Krautzmann, all regard the disease as curable under proper treatment. Genito-urinary specialists, as a rule believe gonorrhea, both in the male and female, under some circumstances, curable, so far as the probability of transmitting the infection is concerned. While these specialists may be better informed on this point, we do think that the gynecologist has better opportunities of observing the results of the disease as it relates to the pelvic organs and for this reason his opinion is worth more than the genito-urinary specialists' on this point.

"In what proportion of cases is sterility traceable to gonorrhreal infection," is another question on which the committee sought information. Dunn estimates 3 per cent.; Smith 12 per cent., due to the man's gonorrhea and 21 per cent., due to the wife's; Jacobs 20 to 21 per cent.; Skein, Grandin and Boldt 33 per cent.; Bovee and Ross 40 per cent.; Stone, Lamphear, Price, Frederick and Mann, 50 per cent.; Noble 66 per cent.; Eastman and Baldwin 75 per cent. The per centage is evidently high but when there is such a diversity of opinion purporting to be from data we can but conclude that very little importance should attach to the per centages given. It would appear that these per centages are based upon preconceived ideas rather than upon actual data.

Should the gonorrhœic be permitted to marry and is this matter a proper one for legislation by statute? We all know that men frequently marry and immediately convey gonorrhreal infection to their wives often producing diseases fraught with the most dangerous consequences. We know that this sometimes, though rarely, occurs after the man has been treated for a long period of time and after he has been assured by his physician that he cannot convey the infection. We believe the matter one for education and not for legislation. We quote in full from the report of the committee on this important point:

"The response to Question 11, of Dr. Dickinson's list, shows a pretty evenly divided sentiment as to whether legal restrictions should be attempted or not. Winslow Anderson

says: 'I look upon the sequelæ of gonorrhœal toxæmia as the most serious complication with which the gynecologist and abdominal surgeon has to deal and something should be done to check the disease, but those who advocate legal restrictions are by no means agreed on the best method.' Most of them would have rigid and regular inspection of prostitutes, with license of houses of prostitution according to the European fashion. Ridlon would make the willful transmission of the infection a criminal offense. Steele, Burr and Orendorf would deny license to marry to persons suffering from gonocœcal infection. Newman, with a keen recognition of the complexity of the problem, writes: 'Laws should be so framed as to secure ample protection to all innocent persons, both women and their offspring, and should be formulated by a committee composed of representatives of both medical and legal profession.' On the other hand, Harsha says: 'Impracticable to regulate by statute.' Whery, 'No. To do so would lead to blackmailing and many social disasters. It is the medical profession and not the law that should repress it.' Matas says: 'While the gravity of gonorrhœal infection justifies its recognition by law, I do not believe that the time is opportune for legal recognition; the subject must still be left in the hands of the profession and to the gradual education of the people to its importance.' Lydston, 'I do not believe any statute bearing on gonorrhœa would be practical.' Edmund Andrews writes: 'In general terms some useful legislation is possible, at least theoretically, but the well-known impossibility of enforcing a law under our present corrupt civil service which has not a strong, watchful and almost unanimous public sentiment sustaining it, renders a good result practically hopeless at the present time. The often suggested plan of having persons appointed to examine physically all candidates for marriage and to decide on their permission would, in our present defective means of keeping examiners above the reach of bribery, blundering and partiality from other motives, wreck any such statute in five years.' And, finally, Kales admirably sums up the reasons that prompt so many earnest and honest men to oppose any statutory regulation of the evil as follows: 'Such a serious variety of infections as those listed and known to be propagated by irregular sexual relations may seem to call for legislative interference, or, at least, regulation. Better no law than one which is not and cannot be enforced. Public approbation is necessary to the enforcement of such laws. The legal aspect of the question might be divided into: *a.* Laws dealing with domestic immorality. *b.* Laws relative to public immorality.'

a. Perhaps the most important laws would be those which aim to protect the innocent woman, or mother, from

infection in her marriage relations with her husband. 1. She may be unfortunate enough to marry a man who has an uncured gonorrhea or syphilis and thus either disease is communicated with all its attendant misery. 2. Or she may receive the infection from her husband in later years owing to his dissolute life.

b. Laws which refer to public immorality or prostitution aim to get at the probable sources of infection. Such laws have been in operation in certain countries for many years. The very general opinion is that they have failed, though enforced with the rigor of European police methods.

The times seem foolishly to call for laws which shall suppress or regulate every evil, and these laws are usually impotent according as they are numerous. There non-enforcement develops lawlessness, and their irregular enforcement is oftentimes a matter of bribery or blackmail. The evils thus developed by over-legislation are often worse than a continuance of the evil legislated against. I should not add a single new law to statutes, except to amend those which facilitate divorce, and if venereal disease be transmitted, divorce, damage or other penalty should be obtained without unnecessary delay or publicity. Such hearings might be before a judge, and jury of physicians, or laymen and physicians. As regards laws regulating prostitution, I would have none. The general public needs education on venereal and sexual matters by able physicians. It is rare in family practice that the opportunity to give this advice is not afforded one. Advice of this kind should be wholly personal and private, but such counsel usually spreads in the same personal and private manner from one confident to another and ultimately does much good. Public advice of this kind simply excites morbid sensibility while a confidential interview does much to enable one to get the better of individual weaknesses with no loss of self-respect.'

It must be manifest to any one competent to weigh evidence that a disease which is responsible for so large a proportion of pelvic inflammatory diseases and sterility in women is an ailment which demands our conscientious care and earnest consideration as to the best method of stamping it out. We can not but regard it as one of the more serious diseases that affect humankind—all the more serious in that its graver consequences are usually so remote that the connection between cause and effect has not as yet impressed itself upon the minds of the laity, or even of the medical profession as a whole. Worse yet, the cities teem with advertising quacks and the druggists' shelves are stocked with advertised nostrums that claim to quickly cure this disease so serious in its consequence and so intractable in a consider-

able proportion of cases. The first duty, then, of the profession in this regard would seem to be to impress the gravity of the disease on the minds of their patients, so far as possible, and, as opportunity offers, on the minds of the public generally. Young men should be taught authoritatively that a man with an uncured gonorrhea is a man dangerous to himself, to his family and to the community; that no acquisition to the "wild oats" period, not even syphilis, is likely to be so fraught with serious results to them and to their families in after life. Whatever may be the outcome of syphilis to the individual, under a proper course of treatment and in a period of time fairly well determined, he may marry with a reasonable prospect of having fairly healthy children, and of not infecting his wife. Moreover, a syphilitic expects to undergo from eighteen months to two and a half years' treatment before he is wholly cured, and submits to it willingly. But with gonorrhea, unless a patient knows by the actual determination of the physician, that the very last gonococcus has been dislodged from his urethra and the glands and organs in connection therewith, he is liable to infect his wife with an inflammation that may cost her her ovaries and tubes, if not her life, and the least penalty that it is likely to entail upon her is hopeless sterility. The sooner these facts are known to young men, and parents, and young women, the greater will be the incentive to self-control on the part of young men, the greater will be the reluctance of parents to consent to the marriage of their daughters to men whose characters are not clean, and the more willing will those be who are so unfortunate as to have contracted the disease to submit to the treatment necessary to effect a complete cure.

Your committee would emphasize the necessity of every physician treating every case of gonorrhea seriously, treating it thoroughly from the beginning, treating it with all the appliances which modern science places at his disposal, and not discharging the patient as cured until every evidence of pyogenic process in the secretions of the urethra or of the adjacent glands has disappeared. The members of the profession should also do their best to enlighten their clientele regarding the serious dangers involved in the use of nostrums prescribed over the counters by druggists and sold from their shelves and advertised in the newspapers—nostrums which profess to cure this disease rapidly and completely. The fact should be emphasized that the disease is not necessarily nor even probably cured when the visible discharge and the burning have ceased; that just at that time it may be taking on its most insidious, chronic and intractable form; that just at that time, when the discharge

has apparently ceased, is the time it is essential to know positively from a competent man whether the cure is apparent or real, whether there be any disease remaining in the deeper urethra, its glands, or the organs connected therewith.

Aside from the question, whether or not a physician can be legally required or even allowed to report a case of venereal disease, it is doubtful in the minds of your committee whether any plan of examination of prostitutes or any plan requiring a report to health authorities of cases of gonorrhœa occurring in the hands of general practitioners and specialists can be made practicable. The lesions of syphilis are visible to the naked eye, they are obvious, they can be inspected; the gonococcus, however, is microscopic and elusive—so elusive that a person may be infectious and yet half a dozen careful examinations may fail to demonstrate the presence of a single one. While it would be easy enough to demonstrate the infectiousness of a person in the acute stage, it is not through cases in the acute stage that infection is chiefly spread, but from cases which suppose themselves well, hence it is that the only hope we have of suppressing the spread of the gonococcus is by cultivating a general intelligence regarding the danger and the insidiousness of the contagion, and by never discharging a patient from our hands as cured until, after the use of all the means that science has placed at our command, we can say positively that in all human probability he is no longer infectious. Then, and only then, can consent to his marriage be given."

THE HOSPITALS OF JAPAN.

The Hospitals of Japan is the title of an article by Dr. E. C. Register, published in the *Charlotte Medical Journal*. Dr. Register made a close personal study of the hospitals of that country and makes some interesting statements about them. Japan, with a population of forty-five million, and several large cities, one as large as Philadelphia, and three with five hundred thousand inhabitants each, has only ten hospitals in the entire country. He states that there are a few cities with a hundred thousand people each and no hospital at all. The Imperial University Hospital, located in Tokyo, the capital of the nation, he says, is the largest and in many respects as good as any institution of the kind he has ever seen. It is as large as all the other hospitals of Japan put together.

Dr. Register states that forty per cent. of the inmates of the Imperial University Hospital had tuberculosis. In going back over the records for five years he found that thirty-five

per cent. of all cases admitted were tuberculosis. Statistics show that thirty-two per cent. of all deaths in Japan is due to tuberculosis. He says in America it is less than fifteen per cent. and we are justly alarmed.

The paper is a very interesting one and we regret that we cannot give a more extensive review of it.

BOOK REVIEWS.

Principles of Surgery. By N. SENN, M.D., Ph.D., LL.D., Professor of Surgery in Rush Medical College in Affiliation with the University of Chicago; Professorial Lecturer on Military Surgery in the University of Chicago; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Surgeon-General of Illinois; Late Lieutenant-Colonel of United States Volunteers and Chief of the Operating-staff with the Army in the field during the Spanish-American War. Third Edition. Thoroughly revised with 230 Wood-engravings, Half-tones and Colored Illustrations. Royal Octavo. Pages xiv—700. Extra Cloth, \$4.50, Net; Sheep or Half-russia, \$5.00, Net; Delivered. PHILADELPHIA: F. A. DAVIS COMPANY, PUBLISHERS, 1914—16 CHERRY STREET.

Senn's *Principles of Surgery* is well known to the medical profession. This edition is a thorough revision with many additions. The chapter on "Degeneration," which is a new one, is of special interest, and so also, is the chapter on "Blastomyctic Dermatitis." Many new, original illustrations have also been added to the book. This book is a systematic treatise on the causation, pathology, diagnosis, prognosis, and treatment of injuries and affections which the surgeon is most frequently called upon to treat. The author does not propose to enter into details but teaches principles upon which the science of surgery is based.

He says, "in writing this book it has been my intention to keep in constant view the difference between the cellular processes, as we observe them in regeneration and inflammation, and to connect the modern science of bacteriology more intimately with the etiology and pathology of surgical affections than has heretofore been done by most authors who have written on the same subjects."

We bespeak for this book favorable consideration by the medical profession.

MEDICAL NEWS AND MISCELLANY.

AT A recent meeting of the Mississippi State Board of Health ninety-seven out of one hundred and twenty-seven applicants were granted license to practice medicine. This increase in the percentage of successful applicants was due to two causes, namely : First, two days were given the applicants in which to answer the questions. Second, physicians who now go before the Board have been made to realize that no amount of "pull" can secure them license unless their papers merit it, and instead of spending their time in hunting "pulls" they spend it in study. There is no denying the fact that there is a great improvement in the character of the papers that the Board now passes upon and those passed upon by it a few years ago.

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From the writings of medical practitioners who devote especial attention to diseases of children, we have compiled a pamphlet which we designate the "Summer Pamphlet." In it will be found many valuable suggestions for the care of infants and children during the heated term.

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AT THE recent meeting of the Mississippi State Medical Association, Dr. V. M. Neal, of Hillsboro, Miss., read a paper on "Alkaloids, Active Principles." A majority of the Association thought that Dr. Neal's paper should not be published in the Transactions because they thought he gave undue prominence to a certain firm that manufactures this class of goods. If the writer understood Dr. Neal's paper he only quoted from a physician whose name is associated with this firm. This physician, it was stated at the Association, is a member of the American Medical Association in good standing, and indeed, if we mistake not, the quotation made by Dr. Neal was from a paper read before the American Medical Association. Be this as it may, we know Dr. Neal personally, and have known him for many years, and we assert that no man in all Mississippi is more reputable or comes nearer living up to the code of ethics than does Dr. Neal.

We are in receipt of a letter from Dr. Neal, which we suppose he intended for publication, but in this letter he mentions names which seemed to be the objection on the part of the Association to his paper, so we thought best not to publish the letter but make this statement instead. Dr. Neal disclaims any intention of violating the Code in the presentation of his paper, which statement is not necessary to those of us who know him.

CLINICAL EXPERIENCE WITH ADRENALIN, by Emile Mayer, E. D., Surgeon, New York Eye and Ear Infirmary, Throat Department; Fellow American Laryngological Association; and of the New York Academy of Medicine, New York. Abstract from original paper, in the *Philadelphia Medical Journal*, April 27, 1901.

The aqueous extract of suprarenal gland is perhaps the best culture medium known. Its instability, the involved method of preparation, its unsightliness, and the inexactitude of its various strengths tend to make us welcome a preparation that is exact, stable and above all, clean. Dr. Jokichi Takamine undertook the task of isolating the active principle of the suprarenal gland. He obtained a substance in stable and pure crystalline form, which raises the blood pressure, and which he named "Adrenalin."

The author has used solutions of Adrenalin Chloride, 1 to 1,000, 1 to 5,000, and 1 to 10,000: his cases were all rhinological. Blanching of tissues followed the application of the strongest of these solutions in a few seconds, and was very thorough. In no instance was there any constitutional disturbance. He has employed no suprarenal extract since, for any purpose whatever.

The effect of the solutions was not altered by their change to a pink color: they were used for six weeks. Subsequently a small amount of chloretone was added to the fresh solutions and now there is but slight change of color and no floccules appear.

Thirty-five cases are reported in tabulated form, showing that usual effect of the aqueous extract of the suprarenal gland was contained. A few operative cases bled freely, but in every instance the hemorrhage was promptly checked by a second application of Adrenalin. The Adrenalin was used not only as a hemostatic, but for the relief of nasal congestion, as a diagnostic aid, and for the continuous treatment of acute inflammatory affections of the accessory sinuses.

The author arrives at the following conclusions.

1. Adrenalin Solutions supply every indication for which the aqueous extract has been used.
2. They are sterile.
3. They keep indefinitely.
4. Solutions, 1 to 1,000 are strong enough for operative work; and 1 to 5,000 and 1 to 10,000 for local medication.
5. They may be used with safety.

In this connection it is interesting to note that E. Fletcher Ingals, M. D., of Chicago, also has had a very satisfactory experience with Adrenalin. In a paper entitle "Notes on Adrenalin and Adrenalin Chloride*", he reports that he experimented with solutions, varying from 1 to 1,000 to 1 to 10,000, of the Chloride of Adrenalin in distilled water or normal salt solution, and kept careful records until satisfied of its activity. In nine cases a very small quantity of a spray, of one part of Chloride of Adrenalin to 10,000 parts of water, was applied to the nasal cavities, with the effect of blanching the mucous membrane quickly, and in most cases causing contraction of the swollen tissues similar to that caused by cocaine. The first solution used was made with distilled water and caused smarting: normal salt solution was then used as the solvent with perfect satisfaction. The smarting may have been due to the presence of a small quantity of formalin in which the atomizer had been washed just before use.

Experiments were also made with insufflations of a dry powder consisting of 1.5 per cent. (75 parts) each of borate of sodium and bicarbonate of sodium; 3 per cent. (150 parts) light carbonate of magnesium; one part of Adrenalin, to 5000 parts sugar of milk. This powder cleared the nasal cavities when obstructed by swelling of the turbinated bodies, and diminished the secretions decidedly. A case of daily epistaxis was

* *Journal of the American Medical Association*, April 27, 1901.

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relieved by sprays of a 1 to 10,000 solution. Another of conjunctival congestion from overwork was entirely relieved by the instillation of a similar solution. The author has had equally satisfactory results in cases of conjunctivitis; laryngitis, acute and chronic; acute laryngitis with edema glottidis; acute coryza; chronic laryngo-tracheitis with acute exacerbation; and in preparation for operations upon the nose.

In conclusion, the following results are presented: This remedy will be of great value in the treatment of acute inflammatory affections of the nasal cavities, either in sprays of 1 to 5,000 or in powders of 1 to 5,000 or 1 to 2,500, sugar of milk. In acute coryza and in hay fever, in epistaxis from various causes, in acute inflammation of the fauces, solutions of 1 to 1,000 will have good effects. In acute or subacute laryngitis, solutions of 1 to 1,000, applied with moderate force, will give very great relief: it appears probable that vocalists may obtain sufficient relief from congested cords, for at least two or three hours, to obtain normal efficiency in the use of the voice.

In a paper read before the Chicago Laryngological and Climatological Association, W. E. Casselberry, M. D., called attention to the fact Adrenalin Chloride Solution is clear, colorless, odorless, sterile, and stable, if protected from heat, light and oxidation: It is non-irritating to mucous membranes. When applied locally it exerts identically the same vaso-constrictor influence as the aqueous adrenal extract. Sprayed into the nostrils in the strength of 1 to 10,000 it produces a visible change from turgidity to compactness of the turbinated tissues, and a decided pallor of the mucous surfaces. In the strength of 1 to 1,000, or even 1 to 5,000, it has the power to limit hemorrhage during operations and is an aid in the treatment of epistaxis. It may be substituted for cocaine in all cases in which an ischemic effect is desired, e.g., to facilitate inspection of the deeper recesses of the nasal cavities and to make them more accessible. Adrenalin has little or no cerebral stimulant effect, exciting no desire for more of the drug: hence there is little risk of habit formation.

The author expresses the opinion that Adrenalin should afford relief in asthma associated with bronchitis and vaso-motor paralysis, although he would expect little benefit from its use in asthma characterized by bronchial spasm. It may be formed into an ointment with vaseline, or mixed with stearate of zinc, powdered starch, or sugar of milk to make powders for nasal or laryngeal insufflation. The bibliography is very comprehensive, covering the literature of the subject down to the present date.

DOCTOR: When you need a true liquid food and gentle stimulant during fevers—write HART'S ALIMENTARY ELIXIR—8 oz. (Original) HART'S PREPARATIONS are prepared, especially, for Physician's Use.

DR. SMITHWICK, of LaGrange, N. C., in January, 1901, number of the *Maryland Medical Journal*, says: "When, in disease, bed sores occur we must use the best means for healing them and making the patient comfortable. In my experience I have tried a great many things, but have come to the conclusion, which is substantiated by clinical results, that I obtain the best results by thoroughly washing the parts with warm normal salt solution, bathing in peroxide of hydrogen, and dressing in pledgets of cotton or strips of gauze soaked in Ecthol. This dressing is repeated once, twice or thrice daily as the urgency of the case seems to demand.

The extreme caution that is necessary in the treatment of anaemia and other wasting diseases during the heat of summer is the best justification for the almost universal use of Scott's Emulsion in such cases at that period of the year.

SCOTT & BOWNE, 409 Pearl street, New York.

LAXATION IN CONSTIPATION.

By J. A. RENE, M. D., WEST SUPERIOR, WIS.

The successful treatment of constipation does not consist in simply momentarily relieving the everloaded intestinal organs, because some of the pathological conditions co-existing may persist even after this result has been obtained,

The fact that there is an intimate association between the intestinal and cerebral functions was early reconized by the ancients—a fact that shows the need of attending to the cerebral disturbances while correcting the pathological conditions of the gastro-intestinal tract.

The habitual use of purgatives is not to be encouraged, as it only increases the disability which they are intended to remove; and therefore it is essential that the treatment should be the aiming at permanent results as well as relief. And for that reason it is very often necessary to combine drugs that will not only relieve the constipation, but also cure the other pathological conditions which might have been the primary cause of the constipation, or have been brought about by the constipation itself.

Of late years many preparations have been placed at the disposition of physicians, and some of these preparations are certianly scientific combinations. Most of them contain such splendid remedies as belladonna, also, cascarkin, etc., but of all the recent preparations which have come to my notice I have found the Laxative Antikamnia & Quinine Tablets to be the most efficacious in relieving cerebral disturbance, as well as curing the intestinal trouble.

A close study of this combination shows that it is a tonic-laxative, analgesic and antipyretic—and its administration in certain cases is sure to be followed with excellent results. For instance, in the sequelæ of typho-malarial cachexia, when a gentle and safe laxative combined with an anti-periodic is required, I have found this preparation of the utmost value. The co-operative or synergistic properties of these ingredients will readily commend themselves to the profession.—*Chicago Medical Times.*

THE Memphis Medical Society will invite the American Medical Association to meet in Memphis in 1902.

A COPY of the new "Medical Practice Law" in Texas in pamphlet form can be had by addressing the *Texas Medical Journal*, Austin, Texas, enclosing 20cts. stamps.

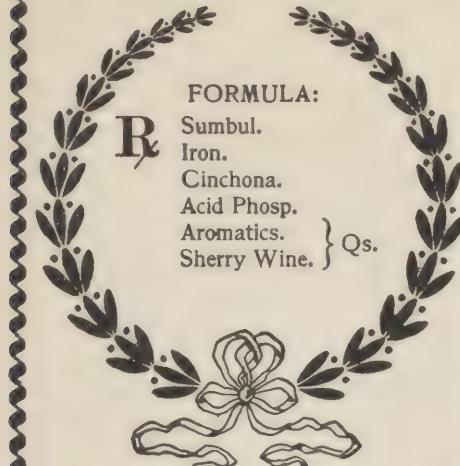
DR. STANFORD E. CHAILLE, dean of the Medical department of Tulane University of Louisiana, has been given the degree of L.L. D., by the University on his completion of fifty years in its service.

IN THE April issue of the RECORD we stated that Dr. Carter was elected county health officer of Coahoma county, and we also stated that he was not a member of the State Medical Association. We have since learned that Dr. Carder and not Carter was elected and he informs us that he is a member of the State Medical Association. We cheerfully make the correction.

JANUARY 1st, to April 1st, 1901, there were reported to the Treasury Department Marine Hospital Service U. S., 21,616 cases smallpox. Same period last year 8,255 cases. To show how imperfectly these reports are we have only to mention the fact that of the above number for 1901 only four cases were reported for Mississippi. During the period mentioned there were several hundred cases in Mississippi.

PLEADS GUILTY.—Stephen A. Weltmer and Joseph H. Kelly, formerly president and secretary of the Weltmer Institute of Magnetic Healing, at Nevada, Mo., who recently pleaded guilty to indictments charging them with using the mails to defraud, were each fined \$1,500 by Judge Philips in the United States District Court. The men gave "absent treatment," and their mail which reached a tremendous volume was stopped by the Post Office Department at Washington on a fraud order.—*Philadelphia Medical Journal*.

THE National Confederation of State Medical and Examining Boards will meet in St. Paul, on June 3d, just prior to the meeting of the American Medical Association in that city. Dr. Henry Beates, Jr., of Philadelphia, will present a paper on "What Should be the Legal Definition of the Practice of Medicine?" A report of the Committee on Interstate Reciprocity and Uniform Medical Legislation will be made at this meeting. We trust this committee will offer something more practicable and tangible than a recent communication by its secretary would indicate.



R

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Mississippi Medical Record.

VOL. V.]

JULY, 1901.

[No. 7.

ORIGINAL CONTRIBUTIONS.

GASTRO-INTESTINAL INFECTION OF CHILDREN.

J. C. BALLARD, B.S.M.D., ACTING ASSISTANT SURGEON, MARINE HOSPITAL SERVICE; PRESIDENT BOARD OF PENSION EXAMINING SURGEONS; NATCHEZ, MISS.

DEFINITION: A form of diarrhoea, most common in summer, and sometimes called "summer complaint." It may follow an attack of acute indigestion, and frequently begins thus. It is characterized by a superficial catarrhal inflammation of the gastro-intestinal tract, which is apparently very slight, as compared with the alarming symptoms presented. But we now know that these symptoms are not caused by the inflammation, but, most probably, by the ab-

sorption of some toxic materials, resulting from the putrefaction of ingested food. The acute form occupies a middle place, between simple indigestion and ileo-colitis. It is sometimes called "gastro-enteritis," "intestinal catarrh," etc.

Etiology: In studying the causes of this complaint, we will first notice those predisposing to all forms of diarrhoea.

(a) *Prolonged high temperature.* This causes a depressed condition of the entire organism; there is free perspiration, and the child being thirsty is naturally fretful. In order to quiet it, and thus relieve a lazy nurse from the duty of properly caring for it, it is fed too much and too often. Indigestion naturally results. Not one mother in ten is careful to see that "baby" has water to drink. Babies should be early taught to drink water, and in large quantities. Another effect of high temperature is this: Bacteria develops most rapidly in hot weather, and it is almost impossible to impress the necessity of surgical cleanliness in the care of the bottles, nipples, etc., in daily use. They become infected and are the carriers of bacteria to the intestinal tract. Every year there is an epidemic in all the large cities and towns, usually beginning in June—in the South as early as May 15th—and ending with the advent of frost. It is more severe and fatal in July and August, and begins to subside when the cool weather commences. For many years it was thought and taught that the heat itself was the direct cause. More advanced teaching, and more perfect study of the bacilli found in the gastric and intestinal contents, leaves only one conclusion, viz.: it is of infectious origin. Another proof of this fact is found in the immunity which breast-fed babies seem to enjoy, and the greater fatality in artificially fed babies.

And again: Healthy babies when weaned, are frequently attacked as soon as placed upon cow's milk. Recent investigations have shown that cow's milk possesses an enormous amount of bacteria, especially when jolted three or four miles in a milk can. Having proved the infection of the gastric and intestinal contents, the next step was to ascertain the possibility of direct contagion, from one child to another. With ordinary cleanliness this is impossible. But it is far safer to disinfect the dejecta and thoroughly sterilize the soiled napkins and clothes by boiling. It is very possible

for flies, crawling over soiled napkins to convey the disease-breeding bacteria to the faces and food of the healthy members of the family. Therefore we conclude that the direct cause, is the infection of the stomach and bowels with bacteria conveyed thither by food or water.

Another direct cause, is a bronchial cough, or what is more common, summer cold. Babies always swallow their expectoration, and this, loaded with air-borne bacteria, is frequently the cause of infection. I have so often seen fat, healthy nursing babies, convalescent from a cold, or bronchitic cough, develop the most severe type of diarrhoea.

Other causes, which may be mentioned in passing, are insanitary surroundings, poor constitutions, irregular and improper foods, poorly prepared foods, and *too great an amount of food*. Perfectly healthy children, if fed too often, begin to suffer with indigestion, and this overloading the bowels with partially digested food, furnishes an excellent field for the rapid development of bacteria, which might never have gained access to the system.

PATHOLOGICAL ANATOMY: Nothing is so disappointing as a post mortem on a child dead of this trouble. There is really but little to learn from such an examination. Usually we find the stomach distended with gas, and a superficial inflammation of the entire gastro-intestinal tract. Rarely is the thickening of the walls found, though there is frequently severe swelling in the mucus membrane, especially of Peyer's patches. As there are two distinct forms of the disease, when considered from a clinical standpoint, we will study each separately.

(1) The simple gastro-enteric infection. This is the most common form, and is usually of gradual onset. The child begins to be restless at night, and its bowels are loose, there is some flatulence, and evidence of faulty digestion. The appetite is capricious, some days abnormally large, then almost absent. It begins to be peevish and fretful, and shows evidence of discomfort. The breath becomes fetid, and the tongue coated. Some cases have small spots in the mouth. There is a loss of weight, and generally run down appearance. The bowels which have been only loose, now act frequently, and the stools gradually change to the typical green color and become offensive. Correctly treated,

there is soon a marked improvement in the case, and entire restoration to health within two or three weeks. But relapses are not infrequent, and always brought about by carelessness or overfeeding. Sometimes true cholera-infantum may be induced in a convalescent case by some gross dietetic error.

In other cases, we may have the symptoms gradually run on until a case of true ileo-colitis is developed.

But when we see a case of sudden onset, (it may resemble a mild case of cholera-infantum) we should at once suspect gastro-intestinal infection. Usually the child presents about the same picture, as above described for a day or so, then there is a sudden rise of temperature, which may reach 102°, or even higher. The child becomes stupid, listless and not infrequently unconscious. Pulse weak and soft, eyes sunken, and occasionally there may be nausea and refusal to take food at all. There will be a profuse diarrhoea follow, first of partly digested food, then of mucous and *slime*. If the child happens to be strong, it is usually convalescent in three or four days. Weak, delicate, or poorly nourished children frequently succumb quickly, or after three or four days. In older children, from two to six or seven years, the initial symptoms are often more severe, or they may resemble typhoid fever for several days. But the rapid and usually favorable termination easily rejects this theory. In children of this age, nothing yields so readily to correct diet and treatment.

DIAGNOSIS: The diagnosis in these cases is usually easy. The sudden onset, the history, the character of the discharges are all sure indications of the condition to be treated. For the first day or two it is impossible to differentiate this disease from ileo-colitis. But the course of the disease soon tells the story. If the temperature remains high for two or three days it indicates an inflammatory change in the mucous membrane. So would great pain, or blood in the stools. These symptoms are usually absent, but always present in ileo-colitis. Many other diseases begin with an attack of indigestion, such as scarlet fever, measles, malaria, etc. But the characteristic *symptoms* soon appear, and the diagnosis is easy. The *Prognosis* should always be guarded. So many children die of "summer complaint" or some

sequelæ of it, that the less said in this complaint, the better. Everything depends upon the care the child receives, its surroundings, its constitution and previous attack of illness.

TREATMENT: **FIRST:**—Hygienic: Give the parents particular instruction anent the feeding, bathing and dressing the child. Insist upon the boiling of napkins, bibs, etc. Urge parents to attend to the care of the bottles themselves. Bottles should be boiled in soda water fully two hours every day. So should nipples. Instruct them in the art of proper feeding—a subject too long to be treated here. If breast fed, do not wean in the hot months. If the child is weak or debilitated, take it to the country where the air is purer and cooler. Feed regularly and at stated times. Dress in thin flannel with muslin garment next to the skin. See that the child does not get chilled at night, or bitten by mosquitoes. Do not allow it to take too much exercise, even if able to walk. A hammock or baby buggy is better. Give it all the boiled water it will drink, and keep in the open air as much as possible.

SECOND:—Diet and drug treatment: It is impossible just here to even outline the subject of infant feeding. But the following may be suggested: Drop all food for twenty-four hours. Clean out the bowels with calomel and castor oil. Allow all the water the child may wish and if weak or anaemic, give teaspoonful doses of panopepton, or liquid peptonoids, every hour. A tablespoonful may be given hourly, without evil results if weak or debilitated. Flush out the colon twice a day with tepid water, usually prepared as follows: Water one quart; cooking soda and salt each a level teaspoonful. This is very cooling to the mucous membrane and also healing. It neutralizes any acid secretions present, and thoroughly cleanses the colon. After twenty-four, or forty-eight hours, if fever has disappeared, and the child shows a change for the better, a teaspoonful of oatmeal boiled in a quart of water for not less than an hour, and then strained and sweetened with one half a teaspoonful of the extract of malt may be used. If this agrees with the child, after a few days some boiled cow's milk may be added,—about one part of milk to ten of oatmeal water. Some patented preparation, such as malted milk or Nestle's food may

be used after eight or ten days. Continue this until the child is entirely well, then gradually return to regular diet. Barley water may also be used, in place of the oatmeal.

In very weak children, beet tea, chicken broth, etc., may be used with advantage, after the first forty-eight hours. These things while maintaining the child's strength, also furnish poor feeding ground for the host of bacillii which have invaded the alimentary canal. We must not forget that nothing furnishes so perfect a culture field for these bacteria as milk, and therefore milk should long be interdicted. But in these cases which have become chronic when we see them, bismuth—in the form of the subnitrate—is often of excellent service. Lactopeptin may also be of service later, as an aid to feeble digestion. Where there is considerable pain, small doses of tr. of hyoscyamus is of great service. A favorite combination is as follows, modified according to age:

R	Vin ipecac.	-	-	-	-	-	
	Tr. nux vomica.	-	-	aa	m.xx		
	Ext. hydrast. fl.	-	-	-	5iss		
	Tr. hyoscyam.	-	-	-	5ii		
	Elxr. lactopep. cum bismuth ad	-	-	-	5ii		

M. Sig. Half teaspoonful after each feeding.

In some cases, a small dose of the subgallate of bismuth—say a half grain—given three or four times daily, will be all the drug needed. Paregoric is in nearly all homes, and is often of service, where a child seems to lose strength, from continued loss of rest. As a stimulant always use good whiskey or brandy, in preference to wines. Duero's Elixir is often of great value. It is both a stimulant and food, and rarely disagrees with the stomach. Let me say just here, it does no good to try and force the stomach to bear a drug or food which it refuses.

The other form of this disease, *Cholera Infantum*, is so rare, as compared with simple gastro-intestinal infection, that we shall say but little on the subject. Its causes are already stated, and it is almost impossible to confuse it with any other disease.

The sudden onset, the persistent nausea, the rapid rise of temperature, the cold, clammy skin,—when a rectal temperature of 106° may be present—the blue lips, the pinched

features, the hollow eyes and collapse, can mean only one thing. In such cases it must be quick work or not at all, no time for experiments. The first item in the treatment is to empty the bowel. A hot saline irrigation of the colon at once and small doses of calomel every half hour till two or three are taken and retained. Follow it in four hours with castor oil, in quantity sufficient to sweep out the bowel. If the collapse be great, an injection of normal salt solution into the cellular tissues of the buttocks is often of service. If the stomach will retain it, give Duero's elixir in large doses every hour, and add thereto one drop of the tincture of nux vomica. A small dose of paregoric may also be found of service.

To reduce excessive temperature, a tepid bath is most satisfactory. Never use a coal-tar antipyretic in these cases. Let the child have all the hot water it will drink, but for nourishment rely on Duero's elixir or liquid peptonoids. Later, a small amount of hot chicken broth may be used. In treating Cholera-Infantum, let us always remember that we are really treating a case of poisoning, and bend every effort to rid the system of the poison and its products, and to maintain the strength of the child.

QUININE HYPODERMICALY—ITS INDICATION AND TECHNIQUE.

BY J. M. DAMPEER, M. D., CRYSTAL SPRINGS, MISS.

Cases are often observed by every practitioner—where quinine is indicated—but owing to the condition of the bowels it cannot be given in that manner; then its use hypodermically is imperative. In the algid form of malaria it acts as no other stimulant will. In the comatose form its administration by any other means is too slow, and in these cases, by this method, we get the best results. In the second stage of labor—when inertia exist, we have a safer remedy than ergot—a certain and reliable oxytocic in ten grains of quinine administered hypodermically. No one that has ever

observed its action during labor, will doubt its effect on the gravid uterus. We have no reason to believe however that its use prior to the dilatation of the os is attended with uterine contractions in healthy pregnant women. The sulphate of quinine is out of the question owing to its insolubility except when dissolved in hydrochloric acid or alcohol and then its administration is attended with pain, often swelling and even suppuration in some cases.

The bi-sulphate is readily soluble in hot water and is therefore the form to use.

TECHNIQUE—Boil syringe and needle in a small vessel. The syringe is then filled with boiled water which will dissolve from five to eight grs. of the salts in a spoon; you will have a clear solution and cool enough to use after drawing up a few times in syringe. Inject over the chest or between the shoulder blades, repeat until the desired amount is given. The method is painless and prompt, you will get results and think better of yourself for having used it.

WHAT WAS IT?

BY BEN. H. BROADNAX, BROADNAX, LA.

A few days since I attended a lady of thirty-two years, in her fifth confinement. Everything went on nicely. I gave mistletoe f.d. ext. (of my own make) to steady the pains—then $\frac{1}{4}$ gr. morphine to quiet—and then 10 grains chloralhydrate to precede chloroform, and then the chloroform, when the pains began to get pretty regular. She used it off and on till delivery. I put a piece of cotton in a small cornucopia made out of a stiff piece of paper and she holds it in her own hand and applies it herself when she needs it—it falling away from the face when the effect is sufficient to relax the muscles or she feels effect. By this plan she does not get too much, and no care is necessary to watch her, or to have some one to watch and remove it, etc. Well, in an hour or more the child came away all right with the after-birth, etc., and she dozed off to sleep. I noticed occasionally

her hand would jerk a little, and in a few minutes she commenced to jerk all over. I woke her up and she was perfectly natural, no scared look, no increase of pulse—spoke naturally—“ did not know she was jerking.” Dozed off again, after cooing at the baby, and when she was sound asleep the jerking began again worse than ever. She had previous to confinement shown no nervous symptoms, and her husband said she had never in any previous confinement shown any such symptoms. It did not look like eclampsia tones, but I gave her a hypodermic of $\frac{1}{4}$ grain morphine, and in half an hour, as the symptoms did not improve, gave her 15 drops of Lloyd's Specific Veratrum Veride hypodermically. In fifteen minutes the jerking stopped and did not return. I staid all night and left next morning. You will note the tremor came on twenty minutes after delivery and only when she dosed off asleep. There was no loss of memory—no increase of pulse—no fever—perfect consciousness when roused from sleep. There had been no prodroma, and urine was natural as to color and density. I am at a loss for the cause. Had a case thirty years ago of regular eclampsia occurring in a primipara (only case I ever had), but it in every respect was different from this.

When awake, she was perfectly natural every way, and once got the baby to nurse from breast and staid awake for fifteen minutes, but she would doze off and then the intense tremor of every part of her body would commence and last till she was again waked up.

ASSOCIATION MEETINGS.

THE GULF COAST MEDICAL AND SURGICAL SOCIETY.

The Gulf Coast Medical and Surgical Society held its regular tri-monthly meeting at Pass Christian, on May 1st. ult.

After reports of committees and unfinished business were disposed of, the society was treated to a talented paper on a “ Study of the Code of Ethics,” by Dr. J. H. Bickerstaff. In the discussion of this paper it was with a feeling of help-

less horror that we listened to recitals of flagrant violations of the law by pharmacists in *soliciting* and prescribing for patients. It is an evil that needs a remedy and needs it badly in many places.

The Society resolved to purchase a sufficient number of copies of the Code of Ethics to present one gratis to every physician in the three or four coast counties.

A resolution was passed asking the State Board of Health to present a copy of the Code free to each successful applicant for license to practice medicine in this state.

Dr. Washington reported a case of typhoid fever with subnormal pulse. He reported also his experience in several cases of double ovariotomy which had invariably been followed by incurable neurasthenia.

Resolutions were adopted asking our congressmen to use their influence in securing a return of the Tortugas group of islands to the treasury department to be used for quarantine purposes.

When the business deliberations were completed, the Society was most pleasantly entertained at an elegant banquet spread by Drs. Washington and Robertson, who proved themselves no less epicurean hosts than successful in fighting affliction. It was a good time.

J. N. RAPE, Secretary.

MISSISSIPPI STATE MEDICAL ASSOCIATION.

The following standing committees were appointed by the President, Dr. J. M. Buchanan, after the adjournment of the Association and so did not appear in minutes as published in the RECORD last month :

EXECUTIVE COMMITTEE.

FIRST DISTRICT—W. M. Paine, Aberdeen.

SECOND DISTRICT—K. P. Perkin, Batesville.

THIRD DISTRICT—H. L. Sutherland, Rosedale.

FOUTH DISTRICT—H. A. Minor, Macon.

FIFTH DISTRICT—J. R. Tackett, Meridian.

SIXTH DISTRICT—Buford Larkin, Columbia.

SEVENTH DISTRICT—Nolan Stewart, Jackson.

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FOURTH DISTRICT—B. F. Ward, Winona.

FIFTH DISTRICT—John Darrington, Yazoo City.

SIXTH DISTRICT—O. B. Quin, McComb City.

SEVENTH DISTRICT—J. H. Rhodes, Jackson.

STANDING COMMITTEES.

PUBLICATION.—C. H. Trotter, Chairman ; J. F. Hunter, R. E. Jones, E. H. Martin, H. H. Haralson.

ARRANGEMENTS—J. M. Buchanan, C. H. Trotter, J. H. Rhodes, S. H. McLean, J. T. Butler.

NECROLOGY.—N. L. Clarke, Chairman ; H. M. Folkes, J. W. Lipscomb, I. H. C. Cooke, W. A. Carnes.

CONTRIBUTION.—D. S. Humphreys, C. H. Trotter, B. L. Cully, J. A. Crisler, M. J. Lowry.

SPECIAL SECTIONS.

Diseases Rectum.—J. T. B. Berry, Chairman.

Hygiene.—H. A. Gant, Chairman.

Surgery.—J. A. Crisler, Chairman.

Obstetrics.—D. W. Hubbard, Chairman.

Gynaecology.—C. D. Mitchell, Chairman.

General Medicine.—J. L. McLean, Chairman.

Diseases of Children.—Edwin Wright, Chairman.

Ophthalmology.—J. E. Seale, Chairman.

Bacteriology.—E. F. Brown, Chairman.

Materia Medica.—J. M. Alford, Chairman.

Nervous Diseases.—O. M. Turner, Chairman.

Dermatology and Venereal Diseases.—C. L. Green, Chairman.

THERAPEUTICS.

For Flatulent Dyspepsia.

R	Sodii bicarb.	-	-	-	-	5ii
	Sacchari aa	-	-	-	-	
	Spiritus ammon. aromat.	-	-	-	m.xl	
	Aquae menth. piperit	-	-	-	ad	5viii

The above formula is known as soda mint, and is a very pleasant antacid combination.

Dose. A tablespoonful after meals.

—Farquharson.

It admits of the addition of tinct. nux vomica or syrup of rhubarb.

In Mercurial Salivation.

R	Acidi tannici	-	-	-	-	5i
	Mel. rosae	-	-	-	-	5ii
	Aquae	-	-	-	-	5vi

M. Sig. As a gargle.

—Bartholow.

For Earache.

R	Chloral camphorate	-	-	-	-	gr. v
	Glycerinæ	-	-	-	-	gr. xxx
	Ol. amygdal. dulc.	-	-	-	-	gr. x

M. Sig. Apply a little on absorbent cotton and place in ear. —Journ. de Medecine.

Diuretic in Cardiac Dropsy.

R	Infus. digital	-	-	-	-	5iiss
	Acet. scillæ	-	-	-	-	5ss

M. Sig. A tablespoonful two or three times daily.

—Bartholow.

Chronic Bronchitis.

R	Ammonii chloridi	-	-	-	-	5ii
	Mist. glycyrrhizæ co	-	-	-	-	5iii

M. Sig. A desertspoonful three times daily.

—Da Costa.

Heart Failure in Typhoid Fever.

R	Spts. ammoniæ aromat.	-	-	-	-	5iv
	Tinct. digitalis	-	-	-	-	5ii
	Elix. simplicis	-	-	-	-	5iv
	Aquæ distil. q.s. ad	-	-	-	-	5iii

M. Sig. Shake. One teaspoonful every three hours.

—The N. Y. State Journal of Medicine.

ABSTRACTS AND EXTRACTS.

Some Factors Relating to the Etiology of Prostatic Enlargement.

The old theory that senility alone is the cause of prostatic enlargement seems to be on the wane. Considering that the functions of the prostate: (1) to close the bladder orifice at the time of ejaculation, (2) to secrete a fluid that neutralizes any urine that may be in the urethra and that enters into the composition of the semen, (3) to aid in the expulsion of the semen at the end of the sexual act—to a large extent depend upon an active hyperæmia, it is easily seen that continued practices, perverting its normal function and disturbing its vascularity, will, as is evidenced in other organs of the body, eventually lead to interstitial changes causing pathological conditions. Abnormal sexual indulgences which tend to keep up a hyperæmia in the gland are therefore to be considered the chief factor.

It is not to be inferred that it is the few acts of masturbation practised by the irresponsible boy, the involuntary sexual stimulation which the healthy man may experience during the caresses of his affianced, or the irregular sexual debauches of a *roue*, which lead to a chronic hyperæmia, any more than it is that infrequent alcoholic excesses lead to cirrhotic persistency with which these men carry on these sexual aberrations over a long period of years which eventually produce lesions in the same way that the steady quiet tippler becomes heir to a hob-nailed liver.

A history of one hundred cases of chronic prostatic congestion and two hundred of true hypertrophy give the following startling figures :

Of the cases of sexual congestion leaving out those complicating venereal diseases or acute inflammation, there are three abnormal sexual acts which have been indulged in excessively in over 85 per cent. of the patients, namely, masturbation, prolonged sexual excitement without gratification and *coitus interruptus*, also known as withdrawal or frauding. The number of years before their evil effects have become apparent seems to have a direct relation to the physical condition of the patient.

In the cases of hypertrophy, *coitus interruptus* has been present in 60 per cent. of the patients, masturbation and dallying in 25 per cent., and but 15 per cent. gave normal sexual histories.

Excessive sexual intercourse has been present to a large extent and especially among that class of patients known as

fraudeurs. Their ability at first to perform coitus so frequently has been attributed to the fact that the quantity of semen lost is least when this form of coitus is indulged in. The true explanation probably is that they do not relieve their sexual congestion and that their nerve-center are over-stimulated by the peripheral irritation due to this congestion keeping them in a constant state of hanker. Eventually, however, they lose the sexual sense and, as has been previously stated, have their attention first drawn to their condition by failing virility. Many other things produce prostatic hypertrophy which we have not enumerated, it being the writer's intention merely to show the frequency of the afore-mentioned causes in a large number of patients.

In the 15 per cent. of the cases in which no sexual aberration was present there were a number whose primary prostatic congestion was apparently due to a derangement of the portal circulation. They were men of sedentary habits who had suffered from functional or pathological disturbances of the liver.

These figures are taken from men of classes. The first series are from men in the higher walks of life, and it is an unfortunate commentary upon our own profession that so many of its members are upon the list, gynecologists and dentists being most frequently the victims.—Dr. J. B. Squire, *Medical News*, June 1st.

Extraordinary Fecundity.

One of the Italian journals has recently recorded an extraordinary case of fecundity of which it guarantees the authenticity. Flavia Granata, who it appears is well known at Rome, has recently given birth to her sixty-second child. This woman is now fifty-nine years old. She was married at twenty-eight years of age, and has successfully given birth to a daughter, then six sons, then five sons, then four daughters, and then a long series of twins annually, and ended recently by having four sons. It is much to be regretted that this interesting woman did not marry earlier, as she thus lost ten precious years of her life, and so missed the distinction she might have enjoyed of being the mother of a hundred children.—*Medical Age*.

The Age of First Menstruation in the United States.

Dr. G. J. Englemann, of Boston, read a paper on the subject. Over 10,000 observations as to the time of first menstruation of American-born women, many with reference to points never before investigated, here or elsewhere, gives

him ample material for an authoritative solution of the questions involved. These observations, from his own practice and that of helpful friends, are many, and the identity of results obtained in far distant points, Montreal and New Orleans, St. Louis, Cincinnati and Boston, vouches for their correctness. Furthermore, they are corroborated by previous records, a total of 6,000, in such points as these may cover. The American-born are more precocious than the women of other countries in the same zone; 14 is the age of puberty in the United States and Canada; 15.5 in the temperate zone of Europe. The native American is more precocious than the American-born of foreign parents, but the latter closely approximates the American of American parentage, even in the first generation. Racial characteristics fade rapidly away; the age of puberty in Germany is 15.5 to 16, in Ireland 15.3, and for the girl born in America of German or Irish parentage 14.5, in St. Louis as it is in Montreal; the Canadian-French are the only exception, between 14 and 15 in their native land, these alone of all races are more precocious than the American of the same class when born in this country, 13.7 is the mean age; climate here has absolutely no influence; race very little. Mentality, surroundings, education and nerve stimulation stand out prominently in this country as the factors which determine precocity.—*Journ. Am. Med. Association*, June 8.

A Surgeon's Sewing Machine.

A surgeon's sewing machine, says *American Medicine*, was exhibited by Dr. Paul Michel at the late Congress of Medicine. The instrument is quite small, easily held in the hands, and has received the Barbier prize of the Faculte de Medicin. In future a surgeon need not slowly stitch the edges of a wound. With the left hand to keep the two lips together, and with the right he fastens it by means of little clasps or "agrafes" of nickle having points which only penetrate the epidermis, and are not painful. These catches are applied to the machine, a species of pincer armed with them, which can be disinfected by heating it red-hot.—*Atlanta Journal-Record*.

The "Jury License" and Medical Practice Acts.

In some western and central states an appeal has recently been made to the courts to reverse the decision of the state boards of medical examination. Juries have in some cases found for the plaintiffs and against the board, thus introducing a new factor into the question of the judgment of medical qualifications. It would seem that a medical practice

act, unless declared unconstitutional by the highest court, would be supreme law on the subject, and the function of a jury would hardly include the giving of licenses to practice medicine. An appeal to the courts ought, if possible at all, to be limited to the question of the proper execution of the law by the examining board. Some puzzling questions might arise, but when we read of a Montana judge instructing the jury that they were not called upon to determine whether the examination justified the action of the state medical examiners, but they must determine from the evidence whether the plaintiff was qualified to practice medicine, it appears to us that his ruling is open to criticism, even by those who are not lawyers. By such a ruling, a jury license to practice might become the favorite qualification and the statute practically a nullity. If the courts and juries of laymen are to settle the question of medical qualifications, we may look for some queer results, and the question naturally arises how would it suit if lay juries were to decide on the merits of candidates for admission to the bar? They are as well fitted for this function as the other. Of course this case can go up to the highest court and it is fortunate that it is so, for nothing short of this could be satisfactory after the instruction that a lay jury is the ultimate judge of fitness to practice medicine.—*Journ. Am. Med. Association*, June 1.

Habitual Constipation.

I wish to call the attention of the profession to the following statements: 1. A certain percentage of individuals suffering from habitual constipation are apt to have a spontaneous movement of the bowels the following day after the stomach has been washed for the first time. 2. The majority of such patients will eventually recover the normal function of their bowels, if lavage is continued daily for two or three weeks, and later at greater intervals. 3. The best results are obtained from using cold water, or hot and cold water alternately. 4. The best time for such lavage is one hour before breakfast.—C. D. SPIVAK, *Journal of the American Medical Association*, April 13th.—*Medical Record*.

Ætiology of Whooping Cough.

This subject, once supposed to have been definitely determined, as shown by the fact that conservative text-books state that the disease is due to Afanassiew's bacillus, has again become involved in confusion, and the number of germs credited with pathogenic powers in the engendering of pertussis has now become large enough to be unwieldy. The

search for the exciting cause goes on unremittingly, and will doubtless be crowned with success in time, although new discoveries in this field will be received with pardonable scepticism.

In the current number of the *Reitschrift für Hygiene und Infektionskrankheiten*, Jochmann and Krause give a very exhaustive review of this entire subject, including the result of their personal studies.

There can be no doubt, of course, as to the contagious character of this affection and its occurrence in epidemics. It can hardly be due to protozoa, for the authors have never even seen any of these bodies in the sputum, even after much special research. So many authors have utterly failed to discover any form of coccus that this class of micro-organisms may also be excluded from the aetiology of pertussis. The actual cause should therefore be sought among the bacilli. The authors studied the natural sputum in the hanging drop, and the cytological formula thus found was as follows: A moderate quantity of leucocytes, some red corpuscles, squamous epithelia and detritus with certain amorphous or rhomboid crystals. Intermixed was seen a large number of non-motile, very small bacilli, arranged in clusters. In size these germs agreed with the influenza bacillus.

In cover glass preparations, the same germ was visible in clusters, nests and trains. It was seen to be ovoid in form, and often lay within the cells.

Attempts with plate-cultures of sputum in blood and agar revealed the presence of certain indifferent germs such as strepto and diplococci; but all these were outnumbered by the colonies of ovoid bacillus already described. Pure cultures were afterwards made in a great variety of media. The total number of cases studied was thirty-one, and the bacillus under consideration was found in twenty-six of these.

The various findings of the authors in this direction may be summarized as follows:

In the majority of cases of whooping cough, the sputum contains a very small bacillus, which resembles the exciting cause of influenza.

This germ, however, is not uniform in its character, but actually embraces three different varieties, which may be differentiated one from another by Gram's stain.

The Czapleuski-Heusel bacillus, regarded by some authorities as the cause of pertussis, was found in but a small number of cases. The bacillus discovered by the authors is characterized by growth upon nutrient media containing haemoglobin; it has been christened by its discoverers the bacillus pertussis Eppendorf.—*Medical Review of Reviews*, June.

Mississippi Not Polluted.

In an exhaustive report filed with the State Board of Health last week, Dr. John Long, professor of chemistry in Northwestern University, special investigator for the state, asserts that for a distance of forty-two miles north of St. Louis there is absolutely no trace of sewage in the waters of the Mississippi. Researches and chemical tests of waters of Illinois and Mississippi Rivers cover a period extending back before the drainage canal was opened, and show that the effect of the opening of the canal was harmless.—*Medical News*, June 8th.

How to Treat Muscular and Joint Sprains of Railway Employees.

Dr Haldor Sneve, *Journal American Medical Association*, contributes an interesting article on the above subject. He concludes this article as follows:

1. Ligaments are rarely if ever torn in so-called sprains, and are never stretched.
2. The pathology in a majority of sprains is a rupture of the areolar and connective tissue around the joint, and a contusion of the lining of the joints.
3. Immobilization of muscles is not rest. On the contrary, in all sprains the muscles should have passive exercise the first few hours, and days, and active exercise after that. In the majority of cases active exercise should be instituted from the beginning.
4. The plaster cast should not be used at all, even in cases where we have fracture, unless it be impossible to maintain a proper position of the joint.
5. Hydrotherapy in the shape of ice applied over a wet cloth the first few hours; water in the shape of hot fomentations or in the shape of the Scottish douche, where we wish a stimulation, is of very great value.
6. The counter-irritation of static electricity in conjunction with massage is the best treatment for a strain.
7. The ambulatory treatment of sprains in conjunction with massage is to-day the best treatment.

EDITORIAL.

EDITOR AND PROPRIETOR: - - - - H. H. HARALSON, M. D.
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Syphilis as a Non-Venereal Disease.

Venereal, from *Venus*, the goddess of love,—pertaining to the sexual passions. Syphilis may be divided into venereal and non-venereal,—*s. pravorum*, *s. insontium*. The latter into *s. hereditary*, *s. marital*, *s. sine coitu*. The latter subdivision or *s. sine coitu* into *s. technica*,—that which is acquired in following ones occupation, as by physicians, midwives, nurses, etc. *S. vaccination*, *s. oeconomica*,—that in which the disease is acquired through eating or drinking or other household utensils or by incidental contact with syphilitic persons, *s. brephotrophic*,—syphilis spread among infants and those engaged in their care. Of all these methods of acquiring syphilis none are venereal except *s. pravorum*.

Bulkley, *Journal of the American Medical Association*, reviewed by *International Medical Magazine*, makes a very practical division of the methods of acquiring syphilis *insontium*: 1. Marital syphilis. 2. Hereditary syphilis. 3. Extranatal syphilis. He quotes Fournier as saying that twenty-five per cent. of all females whom he had seen with the disease had acquired it innocently. That is one-fourth of all the females he had ever treated for syphilis was of non-venereal character or *s. insontium*. He is also quoted as saying that of the married females in his practice, seventy-five per cent. of the cases were directly traceable to the husband,—*s. insontium*. Bulkley says that in his own practice, of married females affected with syphilis, eighty-five per cent. could be traced to the husband.

Under the second head, *i.e.*, hereditary syphilis, Farnowsky is quoted as saying, that “in three families born of syphilitic parents that had come under his observation there

was a total of twenty-two births. Of these there was only one healthy adult person. Of thirteen who survived some years, eight were incapable of self-support, owing to mental deficiency, the other five were weak, nervous and unfit for procreation. Another case of a man with severe syphilis in early life, of whose nine children two were idiots, one was deaf and dumb, and one died in infancy."

Quite a number of years ago a rather pathetic incident came under my own observation. A man above the average in intelligence contracted syphilis. Without being cured he married a beautiful woman. After their marriage the wife contracted the disease from her husband. While under my observation she gave birth to one living and three dead children. The one living at birth died in a few months. Later the father died of the disease. The wife passed from under my observation, and for a long time I have heard nothing from her.

Of extra-genital syphilis two hundred cases have been under Dr. Bulkley's personal attention, and he groups them into three catagories: "(a) Those relating to domestic life. (b) Those relating to the nourishment and care of children. (c) Those relating to professional pursuits in the care of the sick." The first head embraces cases contracted from pipes, spoons, glasses, jugs, clothing, tooth-brushes, etc., etc. The second class those acquired through the nutrition or care of children. The third class represents physicians, midwives, dentists, etc., in the line of their professional work.

Dr. Bulkley thinks the time has come for the legal control of the disease and suggests that it be placed among the contagious diseases which come under the jurisdiction of health officers, and make it as criminal to transmit syphilis knowingly as it is to communicate other contagious diseases, such as scarlet fever, diphteria and smallpox.

Last month I took the position that it is not yet time to take control legally of gonorrhœa, and while syphilis is not in every particular a venereal disease I do not believe it can be controlled by state any more than tuberculosis. Before anything can be done to check the ravages of these diseases the people must be educated, and this training can come only through their medical advisers or family physicians.

There is no public sentiment one way nor the other on the subject, and no law can be enforced that does not have a strong public sentiment at its back. Sanitary laws are always among the hardest to enforce, and the reason is because the people are ignorant concerning sanitation. They can not appreciate the necessity of laws that "infringe upon their personal liberty." It is no easy task to enforce laws to prevent the spread of smallpox, scarlet fever and diphteria. It would be very much more difficult to enforce laws for the prevention of syphilis.

THE TRIBULATIONS OF FAITH CURISTS.

A man named Pierson was recently convicted in White Plains, N. Y., of having violated the penal code by failing to provide medical attendance for his sixteen-months-old adopted daughter, who died from pneumoia through lack of proper care. Judge Lent sentenced him to pay a fine of \$500.00 and to stand committed one day for each dollar until the fine is paid. Pierson refused to pay the fine, and so was sent to jail. Dowie, the Chicago "Zionist," was arrested in that city last week pursuant to the action of the coroner's jury, which has declared him "criminally responsible" for the death of a woman who was an inmate of Dowie's "Zion." Her infant also died. On testimony before the coroner that the ordinary treatment given by medical practitioners would probably have saved her life, her husband, her two nurses, and Dowie were held to await the action of the grand jury.—*Medical Record*, New York.

Not so much of tribulation for Dowie after all. The Chicago grand jury refused to indict, whereupon Dowie assembled a large audience in a theatre and proclaimed himself the reincarnated prophet Elijah and then passed around the contribution box.

The grand jury made a report on the case from which the following is extracted: "Owing to the absence of law as applied to the facts of this case as disclosed by the evidence, we failed to find an indictment. We believe however there should be a law in our statute books providing that in cases of children under 12 years of age, (who of necessity are not capable of judging for what is best for themselves) medical attendance should be furnished when such children are attacked by malignant diseases and we strongly recommend

that the legislature of the state enact a law making it a crime for the parents, guardians or persons charged with custody and control of such children to fail and neglect to call medical attendance in such cases. Whether or not such a law could be extended constitutionally to adults is a question. If it can be extended we think it should be enacted; but such objection can not and should not apply to cases of children."

The sequel of this sensational case would suggest a writ of lunacy for Dowie and should demonstrate to that grand jury that some grown up people are as fit subjects for guardians as children under twelve years of age:

"Dowie, when informed of the fortunate result of the investigation, said that it was clearly "Zion's victory." Subsequently he appeared before a large audience at the Auditorium, and proclaimed the action of the grand jury, following it with the announcement that he himself was the reincarnation of the Prophet Elijah. He explained at length how the mantle of the prophet descended upon his shoulder: said he :

I am the messenger of the covenant. I am the forerunner of Christ, I am he who will smite the enemies of the Lord of Hosts, I am he who will subjugate all government.

By remarkable logic he showed how he, and he only, was the individual meant in the sayings of Christ in St. Mark: Elijah verily cometh first and restoreth all things, and how it is written of the son of man that he must suffer many things and be set at naught.

Did St. John restore anything? shouted Dowie. No, cried his disciples.

Did he prepare the way for the coming of the Lord of Hosts? bellowed the divine healer. No, came the answer again.

Then Dowie cried: I say it boldly, no matter what the consequences may be. I am the messenger of the covenant, I am Elijah, I am he who will be a swift witness against the adulterers and false swearers, and will tread down the wicked as ashes under my feet. In the midst of his tirade he again saw an opportunity to use his followers with spectacular effect, and he made them repeat three times the words of the text: And all nations shall call him blessed.

Physically, typically and intellectually I fulfill all the attributes of the holy prophet Elijah, said Dowie at another point. The words of the scripture say I will overcome my enemies. Haven't I done it?

At the conclusion of this remarkable address, Dowie invited the audience to partake of bread and wine, which were

offered on the stage. A large number of his followers remained, and were served by Overseers Piper, Speicher and Mrs. Dowie. At every stage of the proceedings the Zion publications, Leaves of healing and the Banner, were hawked about the Auditorium, and Dowie laid special stress upon the collection, and awed his flock into contributions by quoting the verses from Malachi: Bring ye all the tithes into the storehouse, that there may be meat in mine house, and prove me now herewith if I will not open you the windows of heaven and pour you out a blessing, that there shall not be room enough to receive it.

The collection boxes are put in charge of one of Dowie's personal attendants after each collection, and are opened only in the presence of the general overseer, who takes note of every penny counted. One of his favorite appeals to his people is: Did I ever ask or take a dollar from any of you? and the answer invariably is No. Yet the regular collection is a direct contribution to him, for he is to the mass of women who believe in him the living embodiment of a divinely gifted leader, whom it is a duty to support.

A curious feature of the announcement by Dowie that he is the reincarnation of Elijah was the audible acknowledgements from the women in the audience.

Ah, I know it, said one pale and weary-looking female to her companion. At last we shall have the truth made manifest. He is surely sent from heaven, said another, and then she sighed and looked in awe upon the white-whiskered old man. Glory be to God, said an aged negro, the Lord has sent his prophet at last, and he rolled his eyes up in ecstasy."

It goes without saying that such action or conduct as described above has no counter part in the life and character of the meek and lowly Nazarene. Strange that in one of the foremost cities of the United States, in this the dawn of the twentieth century, a brain so perverted could impress people except in pity and commiseration. I do not think a more favorable termination of the case could have happened. It ought to be an object lesson to the people of Chicago, and indeed the people everywhere who have read the ravings of this maniac. Such as this should cause them to pause before they decide to become followers in the camp of "Zion," or of other curist of such kind and enquire into their own sanity, and the sanity of those whose disciples they would become.

We are irresistably reminded of the story in Kipling's "American Notes" of the negro "Messiah" who recognized in three of his followers the re-incarnate Shadrach, Meshach

and Abednego, and "persuaded them to enter a blast furnace, guaranteeing non-combustion. They did not return." What a boon to humanity if Dowie and his followers could be persuaded to some such act of faith. Considering the present location of the "curist" we would suggest to the good people of Chicago the advisability of convincing themselves that they are the "Hosts of the Egyptians." They could then run "Moses" Dowie and his "Israelite" disciples into the lake and so end all trouble.

FOURTH OF JULY TETANUS.

With the near approach of our great national holiday the remarks of Dr. H. G. Wells, of Chicago, (*Medical News*, June 1st.) are read with great interest. His statements are as follows:

"In the twenty days from June 25 to July 14, 1900, there were reported to the coroner of Cook County twenty-nine deaths due to tetanus. During a similar period in 1899 there were seventeen deaths from the same cause. Of the twenty-nine cases during the last epidemic all but two are attributed to wounds from explosives used in demonstrations that Independence Day had come, or was coming, for the Chicago youth distributes his abundant patriotism over several days or weeks.

The twenty-seven victims were all boys, ranging from ten to seventeen years in age, and with one exception had received injuries from the discharge of blank cartridges. The exception was a wound from a toy cannon. As a general thing the wound is in the hand (24 of 27 cases, one each of the foot, eye and thigh), being received oftenest while the boy was trying to correct some error in the revolving or cocking mechanisms. The injuries were not due to bursting or any intrinsic fault of the weapons, but to the carelessness or inexperience of the users.

The period of incubation varied from five to eleven days after the wound was received. None of the four cases was of long duration, and in at least four it was under twenty-four hours. In other words the infection was of a virulent type, considering that as a rule the prognosis is much better when the period of incubation exceeds nine days, and recovery rare if shorter than this period. How many cases occurred in

the city with a favorable outcome I do not know, but having heard of but a single case, despite diligent inquiry it is probable that they were few."

A bacteriological examination of the wads and powder giving a negative result so far as the bacillus of tetanus was concerned he was forced to conclude that, "the remaining possible source of infection is the dirt which is on the hands and which the blank cartridge wad carries in with it."

Believing that the proverbial "word to the wise" will be all that is necessary, we merely throw out a caution ere the voices of the fire-cracker and the toy pistol are heard in the land.

MOSQUITO PEST.

"The Board of Health of the city of Galveston, Tex.," says the *Philadelphia Medical Journal*, "is arranging for a large supply of oil from the Beaumont wells to be used in fighting mosquitoes. The oil will be distributed in all the stagnant pools of the city, sprinkled on the surface of water in the gutters and distributed free to owners of open cisterns for use in destroying mosquitoes and the fever-breeding germs which collect in the ponds. Experiments made by the Board of Health have demonstrated the virtue of crude oil as a sanitary measure if properly used and petroleum water as healthful and nourishing for drinking purposes."

We trust that "gushers" will now be found everywhere in the Southern States, since it has been demonstrated by scientific men that the mosquito is not only responsible for the spread of malarial fever, but of yellow fever as well, and that this insect can be readily destroyed by petroleum. Sometimes sanitarians have great trouble in impressing their views upon the minds of the people and in enforcing sanitary regulations, but with oil wells everywhere the sanitarians of the South will have strong allies in the great army of well owners, and these will be invaluable to them, at least, in enforcing so much of their regulations as apply to the application of petroleum to the mosquito and their breeding places.

The oil well owners, though, had better now look well to their laurels, since some experimenters of the United States Government, a few days ago, saw one dragon-fly eat up

mosquitoes in one hour, and are now proposing to breed this fly on a large scale to make them sufficiently numerous to destroy the disease-breeding mosquito. It is within the range of possibility that this fly can be bred on an extensive scale at a less expense than petroleum can be furnished even with many more "gushers" than now exist. It is possible that oil well owners may yet have a formidable competitor in dragon-fly breeders. Nature is very kind to man in always furnishing a remedy for every ill.

LEPROSY IN THE UNITED STATES.

Investigations are being directed from Washington to ascertain the number of cases of leprosy in the United States. The object of this investigation is to secure data with which to go before Congress and ask for the establishment of two leper hospitals in the United States, one in the North and one in the South. Up to this writing some 8,000 communications have been sent out from Washington, to which only about 2,000 replies have been received. These 2,000 replies show 275 cases of leprosy in the United States. What the remaining 6,000 letters of inquiry may reveal is yet to be seen. Quite a sufficient number of cases are already located to justify Congress in the establishment of two hospitals, one in the North and one in the South. These cases are so widely distributed that to my mind the general government is the proper one to take action in the matter. The reports to date show 74 cases in New Orleans, chiefly among the Italian population. In Minnesota there are 23 cases, mostly among Scandinavians and in rural districts. North Dakota reports 15 cases and South Dakota 2; Chicago 5 and New York 6 cases.

It is proposed to go before Congress next winter with all the data that can be obtained and ask Congress to establish these hospitals as stated above. It is said the disease is spreading rapidly in New Orleans, but in the Dakotas the patients are all in rural districts and well isolated, consequently the disease does not spread so rapidly.

The question is one that appeals to every thoughtful citizen, and if the physicians in this country will write to their immediate members in Congress at the proper time there will be little doubt about the passage of the bill establishing the hospitals. Now is the time to take the matter in hand and push it to a successful termination.

MALARIA AND THE MOSQUITO.

Dr. Leon T. LeWald, of New York, says for years it has been suspected that the mosquitoes had something to do with malaria. He states that savages in German East Africa who lived in the mountains, which was a non-malarial district, noticed that when they went to the sea coast they acquired fever. They said they were bitten by certain insects—mosquitoes—which they called “*mbu*.” They gave the same name, “*mbu*,” to the fever which they acquired, thus linking a cause and effect. He also states that in certain parts of Italy peasants believe that malarial fever is caused by the bite of the mosquito.

BOOK REVIEWS.

Favorite Prescriptions of distinguished practitioners with notes on treatment, compiled from the published writings or unpublished records of Drs. Fordyce Barker, Roberts Bartholow, Samuel D. Gross, Austin Flint, Alonzo Clark, Alfred L. Loomis, F. J. Burnstead, T. G. Thomas, H. C. Wood, Wm. Goodell, Wm. Pepper, A. Jacobi, J. M. Fothergill, N. S. Davis, J. Marion Sims, Wm. H. Byford, L. A. Duhring, D. Hayes Agnew, E. O. Janeway, J. M. DaCosta, J. Salis Cohen, Germain See, Meredith Clymer, J. Lewis Smith, Floyd M. Crandall, W. H. Thompson, L. Duncan Bulkley, C. E. Brown-Sequard, M. A. Pallen, Alex. J. C. Skene, Geo. H. Fox, W. A. Hammond, E. C. Spitzka, L. Emmett Holt, H. A. Hare, etc., etc. Edited by B. W. Palmer, A.M., M.D. Seventh edition. New York: E. B. Treat & Co., 241-243 West 23rd St. 1901. Price \$2.00.

Those who have been using the former editions of Palmer's Favorite Prescriptions would scarcely recognize this new edition as a revision of the old. Many pages of new prescriptions have been added, not original it is true, for the book is simply a compilation and no pretence to originality is made by the editor. It is a very convenient book of reference, and to the busy practitioner it must be of great help. The design of this book as stated by the editor is to render more available for every-day use and guidance the practical treasures of medical wisdom which have been gathered from the earnest labors and careful observations of the most distinguished practitioners of the age. How well Dr. Palmer has performed this work can be known only by a study of its pages.

The Delineator.

During the past two years it has been the especial effort of the publishers of *The Delineator* to bring the magazine into the foremost rank of popular periodicals.

The July issue contains an article on the Pan-American Exposition now in progress in Buffalo. This article is illustrated in tri-color printing. Possibly no other magazine will be so well able to show the artistic color results obtained in Buffalo. This magazine has the advantage of working directly from the original water-color sketches of C. Y. Turner, Director of Color to the Exposition.

It will possibly be a surprise to its many readers to learn that the July edition is 625,000. If the publishers continue their efforts they will not be long in bringing *The Delineator* into the foremost rank of popular magazines, if indeed they have not already reached the goal of their ambition.

MEDICAL NEWS AND MISCELLANY.

DR. T. M. DYE, of Florence, Miss., and Miss Mary Johnson, of Harriston, Miss., were married at the home of the bride's father Mr. L. B. Johnson, of Harriston, June 12, 1901. Dr. Dye is one of Mississippi's rising young physicians and the RECORD wishes for him and his fair bride much success and happiness.

FIFTEEN negro physicians organized the Medico-Chirurgical Association of Mississippi, at Jackson, Miss., on May 17. In the past thirty years six medical schools for negroes have been established, and a total of 941 graduated students has been the result. The organization of a medical society is a step higher and must deserve all the credit given it.

DR. E. P. SALE died at his home in Memphis, Tenn., June 8, 1901. Dr. Sale, for many years lived in Aberdeen, this state. He was at one time president of the Mississippi State Medical Association and was also a member of the Mississippi State Board of Health. He had many friends among the older members of the medical profession of this state. So large a portion of his professional life was spent in Mississippi that we feel like he was one of us. He was a man of strong personal character and high professional attainment.

It is stated by the Bacillus that by the first of May 1902, the Illinois Medical College will have a new home. This new building will meet all requirements and the hospital building will be entirely separate from the main building which will contain only the lecture and quiz rooms and the laboratories. The graduating class of 1902 will pass out into the world through a new portal. The Illinois Medical College is a summer school of medicine, dentistry and pharmacy and is co-educational.

FROM May 18 to 25 New York reported 134 cases of smallpox and 12 deaths; Detroit 67 cases and Cleveland, Ohio, the home of the Honorable Tom Johnson, Mayor, who does not believe in "contaminating a man's blood with poison," and who declares that "no doctor shall pump any virus in him," for the same three days, reports 39 cases and one death.

SUMMER COMPLAINTS OF INFANTS AND CHILDREN

From the writings of medical practitioners who devote especial attention to diseases of children, we have compiled a pamphlet which we designate the "Summer Pamphlet." In it will be found many valuable suggestions for the care of infants and children during the heated term.

A COPY WILL BE MAILED UPON REQUEST.

LAMBERT PHARMACAL COMPANY, ST. LOUIS,
SOLE MANUFACTURERS OF
LISTERINE

SANMETTO IN UTERINE CONGESTION.—Dr. M. J. Halsey, of Fowler, Ind., writing, says: "I have found Sanmetto perfectly satisfactory and I take pleasure in recommending it in cases of uterine congestion, having tried it and proved its efficacy in such a case. I have placed it in the foremost of my list of favorite remedies for congestion of any mucous membrane in the body."

Phenacetin.

It would appear that for the last three years a suit has been pending in the United States Circuit Court of the Eastern District of Pennsylvania by Farbenfabriken of Elberfeld Company against Conrad D. Maurer, involving the merits of the patent on Phenacetin. The decision in the court above referred to sustained the patent.

Judge John B. McPherson who handed down the decision sustaining the patent, in the concluding paragraph of his opinion said:

"Phenacetin is a valuable antipyretic and antineuronal remedy and was so recognized immediately by the medical profession. It does not depress or injure the nervous system and is therefore used in the treatment of many diseases. It has been extensively sold in the United States and elsewhere, the sales in this country between 1890 and 1900 being more than 3,000,000 ounces—this quantity being equivalent to 150,000,000 doses—the value being more than \$10,000,000. This very useful and valuable product was deliberately sought for by Hinsberg; it came into existence by the exercise of his inventive faculties, and he is entitled to the fruit of his beneficent labor, unless it clearly appears that he was not the first in the field. As I regard the testimony, his claim to priority has not been successfully attacked, and the complainants are therefore entitled to the usual decree with costs of suit."

THE many friends of Dr. Frank D. Smythe, of Memphis, Tenn., recently of this state, will be glad to learn that he has been elected Professor of Materia Medica in the Memphis Hospital Medical College, which chair was left vacant by the death of Dr. E. P. Sale, also from this state. Dr. Smythe is to-day one of the leading physicians and surgeons of the south, although quite a young man. The RECORD predicts for him a useful and successful professional career.

Sanmetto in Enlarged or Atrophied Prostate, with Urinary Difficulties.

The cases in which I have had occasion to use Sanmetto are quite numerous and varied, both acute and chronic, and when indicated have produced very satisfactory results, both to me as well as to the patient. For a period of three years Sanmetto has been my sheet anchor in the large majority of cases of prostatic and urinary difficulties, both in enlarged prostate as well as atrophied conditions. I may sum up the whole category of prostatic and urinary ailments, and say in my experience that Sanmetto covers more general indications and is more reliable in my hands than any other remedy. I use and have great confidence in Sanmetto.

J. S. FISHER, M. D.,

1876 Pulte Med. Col., Mem. Nat. Homeo. Med.
Ass'n., Mem. Ohio State Med. Soc. & N. W.
Ohio Med. Soc. & Toledo Med Soc.

Toledo, O.

TRI-IODIDES (HENRY'S.) LIQUOR SALI-IODIDES

Colchicin. 1-20 grain.
Phytolaccin. 1-10 grain.
Solanin. 1-3 grain
Soda Salicylate. 10 grains
Iodic Acid. equal to 7-32 grains
Iodine. Aromatic Cordial.
Dose. 1 to 2 drams in water
8-oz. bottle. \$1.00

A powerful alterative and resolvent, glandular and hepatic stimulant, and succedaneum to the iodides. Indicated in all conditions dependent upon perverted tissue metabolism; in lymphatic engorgements and functional visceral disturbances; in lingering rheumatic pains which are "worse at night." Bone, periosteal and visceral symptoms of late syphilis; for the removal of all inflammatory, plastic and gouty deposits. A remedy in sciatica, megrim, neuralgias, lumbago and muscular pains; the gouty and rheumatic diathesis; acute and chronic rheumatism and gout; chronic eczema and psoriasis, and all dermic disorders in which there is underlying blood taint.

An hepatic stimulant increasing the quantity and fluidity of the bile. Relieves hepatic and intestinal torpor; does not cause the unpleasant gastric symptoms of potassium iodide.

THREE CHLORIDES (HENRY'S.) LIQUOR FERRISENIC.

Each drachm contains
Proto-Chlor. Iron 1-8 gr;
Bi-Chlor. Mercury, 1-128
gr; Chloride Arsenic, 1-280
gr; Calisaya Cordial. Dose,
1 to 2 drachms. 12-oz.
bottle. \$1.00

An oxygen-carrying ferruginous preparation, suitable for prolonged treatment of children, adults and the aged. Indicated in anemia and bodily weakness, convalescence from acute diseases and surgical operations; boys and girls at the age of puberty, and the climacteric period in women. In children with chorea, rickets, or who are backward in development, or in whom there exists an aversion to meats and fats. Prolonged administration never causes "iron headache."

As an adjuvant for potassium iodide the undesirable manifestations known as iodism can be removed.

Stimulant to the peptic and hydrochloric glandular system of the stomach, especially serviceable in the impaired appetite, nausea, vomiting and other gastric symptoms of alcoholic subjects.

MAIZO-LITHIUM LIQUOR LITHIUM MAIZENATE.

Nascent Chemic Union
of Maizenic Acid — from
Green Corn Silk — with
Lithium, forming Maize-
nate - Lithium. Two
grains to drachm. Dose
1 to 2 drachms. 8-oz.
bottle. \$1.00

A genito-urinary sedative, an active diuretic; solvent and flush indicated for the relief and prevention of renal colic; a sedative in the acute stages of gonorrhœa, cystitis and epididymitis; in dropical effusions due to enfeebled heart or to renal diseases. As a solvent in the varied manifestations of gout, goutiness and neurotic lithemia, periodic migrainous headache, epigastric oppression, cardiac palpitation, irregular, weak, or intermittent pulse; irritability, moodiness, insomnia and other nervous symptoms of uric-acidemia. Decidedly better, more economical, extensive in action and definite in results than mineral waters.

Those cases of irritable heart, irregular or intermittent pulse so frequently met with by insurance examiners and found to be due to excess of uric acid, are special indication for Maizo-Lithium.

HENRY PHARMACAL CO., LOUISVILLE, KY.

IN THIS issue of the RECORD appears an advertisement of the Chattanooga Medical College. This institution has been in successful operation for thirteen years and it has an able faculty of twelve professors and about twenty lecturers, assistants and demonstrators, all selected on account of their proficiency in their respective branches. The catalogue for 1901-1902 will be issued early in July. Chattanooga is well located for a medical college. It has a population of 50,000 and affords ample material for clinical teaching. The city is easily accessible from all points. It is the terminal of ten lines of railway and not less than fifty passenger trains run in and out of Chattanooga daily.

WE WOULD call the attention of the profession to "The Pharmaceutical Products" of The Hart Co., of New Orleans, and most especially, to their "ALIMENTARY ELIXIR & BISMUTH CREAM." Both of these most excellent preparations are now indicated, almost daily, during Summer. If you have not had samples, write, E. J. Hart & Co. Lt'd., New Orleans, and by express "prepaid" receive Original Bottles for trial and satisfaction.

THE MARION-SIMS COLLEGE OF MEDICINE is one of the best medical colleges in this country, north or south. This institution gives a graded course of instruction extending over four years. Each session continues seven months. A few years ago there were plenty of medical colleges in this country graduating young men in two years; the sessions continuing only four or five months each. What a change! St. Louis is one of the medical centers of the country and the Marion-Sims College of Medicine is one of the leading medical educational institutions. The clinical facilities are unexcelled anywhere. The college draws its clinical material from eleven hospitals and infirmaries, some of them as large and as well equipped as can be found in almost any city.

A Laboratory for Poisons.

Its a wonderful laboratory, this human body. But it can't prevent the formation of deadly poisons within its very being.

Indeed, the alimentary tract may be regarded as one great laboratory for the manufacture of dangerous substances. "Biliousness" is a forcible illustration of the formation and absorption of poisons, due largely to an excessive proteid diet. The nervous symptoms of the dyspeptic are often but the physiological demonstrations of putrefactive alkaloids. Appreciating the importanc of the command, "Keep the bowels open," the physician will find in "Laxative Antikamnia & Quinine Tablets" a convenient and reliable aid to nature in her efforts to remove poisonous substances from the body. Attention is particularly called to the therapeutics of this tablet. One of its ingredients acts especially by increasing intestinal secretion, another by increasing the flow of bile, another by stimulating peristaltic action, and still another by its special power to unload the colon.

An Addition to Our Next Materia Medica Earnestly Recommended.

For many years I have prescribed Sanmetto extensively, and I should assassinate Truth were I to assert that, in a single instance, the results were otherwise than wholly satisfactory. There is not a form of genito-urinary inflammation wherein I have not used it. I can sincerely and earnestly recommend its addition to our next Meteria Medica.

Glasgow, Ky.

A. MAZETTA ROWE, M. D.

SELECTIONS

* THE MEDICAL TREATMENT DURING THE ADOLESCENT PERIOD.

BY EDWIN ROSENTHAL, M. D.,
PHILADELPHIA,

Chairman of the Section on Diseases of Children of the American Medical Association ;
Pediatrist to the Franklin Free Dispensary, etc.

The adolescent period in the female may be said to be as critical in results as the menopause, and by reason of the methods of our education may be said to be one of the best known conditions universally recognized, and, as such, the common property not only of the profession, but also of the laity. For this reason, it is not an uncommon fact to witness, not only the diagnosis of this condition being made by the "officious meddler," but also treatment. And it is very often, when such treatments have failed, that the patient is brought to the doctor. In such instances great care and discernment must be the weapons of the doctor, for it will be noted that recourse to all the old well-known remedies had been applied before further advice is sought. The commonest symptom that presents itself is the one that refers to the menstruation. And it is in all probability that this disordered condition is the most conspicuous factor that needs correction.

Two classes of cases are most numerous, and may be divided into : 1st. That class that has never menstruated, and 2d. That class, that may have begun, shown a very slight discharge at infrequent intervals—once in six or nine months—but which has never grown to an extent at any time that may be termed a normal flow. The history of these cases are very generally of the same character, and may be briefly summarized : Digestive disorders, headaches, languor, flushing, sensations of fulness in the abdomen, disturbed or unnatural sleep, or sleepy conditions during the daytime; often some cutaneous affection—acne the most common. Whilst the symptoms may be present in some, frequently only part of them may be present in certain cases, as the skin affection. During the period that should be termed the "menstrual" period the symptoms are generally aggravated. If the "acne" be present, at this time, a fresh crop of pimples appear, and thus can be noted other symptoms.

In all cases of menstrual disorders in the young, the cause must be sought for, and if found corrected. This of certainty directs the treatment. In cases where the menstruation has never appeared, it should always be a certain rule to have the sufferer examined by the mother. In quite a number of instances, anatomical reasons have shown the reason. In four cases an "impervious hymen" was the cause. In two cases the "uterus" became the receptacle, and contained the result of numerous menstruations, becoming enlarged even above the pubic bones; the cervix being impervious. In several instances there was an entire absence of the uterus and ovaries. This I noted in two cases, both married, and were examined for the reason. In one case, an otherwise well developed young woman, age 21, there was an absence of a vagina. Such cases as thus enumerated, nothing can be done in the line of medication, but judicious surgical procedures may in indicated case (impervious hymen or cervix) make a cure. Where, however, no necessary organs exist, nothing can be done, except such rules, as the regulation of the bowels, etc., at stated intervals, give much relief to the frequently present nervous symptoms. Where, however, no anatomical reasons exist, and the patient suffers from suppression of the menstruation, entire or in part, much can be done to aid a cure.

* From reprints from *Medical Fortnightly*.

The question of age frequently enters as an answer to results. We have with us such a conglomeration of different nationalities, that the "age" question is a very vital one. Inasmuch, as frequently, the treatment of menstrual disorders may be wrongly applied, as an example: To attempt treatment of a girl of 13 or 14 years, when her mother only began menstruation at 12 years. Experience has taught me that girls born in warmer countries, or descending from such parentage, begin to menstruate much earlier than those of colder climes. For instance, girls from Italy or Cuba begin at 12 or 13, where those from Norway or Sweden begin at 15 or 16 years. Again, in races I have seen some surprising differences. The colored race have presented a girl of 10 years, and often I have seen girls of Russian-Jewish parentage begin at 10 or 11 years. So that the question of age should always enter into the treatment.

Whilst the most common symptom of disordered menstruation is "anæmia" and as the better known "chlorosis," or vulgarly "green-sickness," its absence need not preclude the use of the most common of all our remedies—iron. Anæmia alone may be the cause of suppressed menstruation, and while its presence may be looked upon as a certain cause, its treatment is an essential for the appearance of the menstruation as it should be for the general health of the patient. That anæmia in girls is most frequently found at this time leads to the common belief that anæmia, green-sickness, or what-ever name this blood condition may receive, is the chief factor in menstrual disorders.

The treatment of such conditions are numerous, and should divide itself into the causative factor first, and then, after this has been relieved, to the specific symptom. In other words, it will be wrong to attempt by the use of specific remedies the appearance of the menstruation, if the physical condition of the patient is such that should not permit it.

Besides the condition of the blood as a cause suppressed menstruation, other well-known conditions equally play a prominent part. Even if the patient should suffer from such diseases (tuberculosis as an example) the presence of a menstrual flow has such an encouraging influence upon the mind of the sufferer, that some attempt should be made, and as the method pursued by myself for many years can only be of benefit, such conditions are not contraindications for its use.

Iron is the chief remedy in menstrual disorders, and may be given at all times—before, after and during the flow. A certain time in the life of the patient should be set apart for active and specific treatment. The time chosen should be when the symptoms are most aggravated. The days, one, two or three, should be set apart, and our treatment should always culminate to this period. If we fail at the one, then we should begin again, and pursue our treatment until the second period, when the specified method should again be applied, and thus on. Even if failure should mar the first, second, or even the fifth period, the menstruation will appear, if the treatment be applied in a rational way.

Between the periods I always order the use of iron in three or four daily doses. I have used all forms and varieties, from the tincture of the chloride, which is often objected to, to the different kinds the Pharmacopœia presents, in pill form, as the Blaud pill, simple or modified. My experience brings me back to Gude's Pepto-Mangan. Gude's Pepto-Mangan is now the most common in use, and there are so very many similar preparations in the apothecaries that care should be exercised in obtaining the genuine. I have a simple way of distinction. I always order Gude's Pepto-Mangan given with milk. If the mixture is clean, uncoagulated and palatable, then I know my patient has received what I ordered. For a further distinction, I invariably place on my prescription the name "Gude." My reasons are these: So very many so-called similar products are on the market that are inferior, and in a measure do not act in a manner you wish, clinically as well as physically. For my own defence, as I have been so frequently disappointed, I detect the fraud of substitution by mixing with liquids, especially milk; the "Gude" preparation always gives the palatable mixture.

VICKSBURG SANITARIUM,

Private Hospital of Dr. D. P. Street, for the
Treatment of Medical and Surgical
Diseases.

No Contagious or Infectious Diseases
Admitted.

*A MOST CORDIAL INVITATION IS EXTENDED TO
PHYSICIANS TO TREAT THEIR PATIENTS IN THE
INSTITUTION, WHERE THEY WILL BE
ACCORDED EVERY COURTESY
AND ATTENTION.*

Superior facilities for X-Ray work. Twelve-plate Static Machine.
Appliances for Proctoscopic and Colonoscopic Examinations.
Complete outfit for Chemical and Microscopical Diagnosis.
Equipment for aseptic surgical work complete in every detail.
Skillful and experienced graduated nurses employed.
Superior Cuisine under the supervision of a well trained cook.
Rooms large and well ventilated, and newly furnished throughout.
Special arrangements for lying-in patients.

For further information address,

D. P. STREET, M. D.,

Corner Crawford and Monroe Streets,

VICKSBURG, MISS.

I order of this preparation a teaspoonful in a wineglassful of milk every three or four hours, depending upon the patient's condition. If she be very anæmic, and with this very nervous, I place her upon the milk diet, and by the addition of Gude's Pepto-Mangan I reach my object, giving the food as well as the medicine. I increase the dose until a tablespoonful, three or four times daily. This treatment is kept up, and even continued through each period, until the purpose is obtained, perfect health, as regards not only the menstrual flow, but also the general physical condition.

Medical treatment is never sufficient in these class of cases, and failure is apt to result if no attention be given to other conditions; the very common class, the school girl who desires to reach the head of her class, or who studies for a prize or the like. Take the following case :

CASE I.—E. L., age 17 years; large in growth, over 5 feet 8 inches; reddish hair. A student of the Girls' Normal School, preparing for the teacher's certificate, which required two more years of study after the graduation. Complains of constipation and headache. Has acne on each cheek. Has occasional backache, and has an occasional attack of "nervousness," crying, etc. Her menstruation is scant, very irregular, and when it does appear, not more than one day, or probably one-half the next. Appetite erratic, though spoilt by the method of eating, as buns or cake or pie for lunch, whilst the breakfast, hurriedly eaten, was only a cup of coffee, or a roll. Her main food was the "supper-dinner," when she was "too tired or too long hungered" to eat. Once or twice I was called to quiet an hysterical attack. In this case the pimples were the bane of the young lady's life, and while she was not anaemic in any sense, I placed her upon the (Gude's) Pepto-Mangan, telling my patient this medicine was for the pimples, and that I left the further treatment in her hands. This with purgative pills of aloin with nux vomica was the whole treatment. Vanity came to my assistance, as the patient desired to be rid of the eruption. Persistent use of the iron was the only medicine used, and whilst the schooling was persisted in, she passed through the period, and eventually recovered.

The second case is one that is too frequently met with, the child of the poor, who is sent too early to the "mill" or "store," and who has never been taught the commonest rules of hygiene; the girl who spends her time in work, and whose only outing, a dance or a picnic, is equally as hard work.

CASE II.—Age 14 years. Attended school until 12 years, and then became a cash-girl in a department store. Rather large for her age. Flabby built, and of a distinct pallor. Complains of obstinate headache, relieved by the so-called bromos; indigestion, languor, sleepy during day-time, and at night a sleep that was heavy, unnatural, and disturbed by dreams; at intervals flushing with sensations of chilliness. Menstruation scanty, probably a half of one day, and very light in color. In this case work was a necessity, and even proper food could not be obtained. However, milk was the easiest and cheapest food, and from one to two quarts daily was the constant supply. To this food I added a teaspoonful of the Gude's Pepto-Mangan at each glassful, once every three hours, increasing until a tablespoonful dose was attained. This, with a purgative pill (the compound rhubarb pill of the Pharmacopœia), was the treatment persisted in for over eight months, with complete recovery. In this case the treatment was begun in the fall of the year, persisted in through the winter months, and during the following summer months a vacation of but two weeks was obtained, and the patient sent to the sea-shore by one of our charitable institutions. This patient was convinced of the utility of this method of treatment, as I found the following winter the same course was followed with a gratifying result, preventing any loss of time by reason of illness or otherwise.

I have also met with cases that the menstrual period came on correctly at a certain age, and continued so for a year or two, when for some

However much disposed a patient's stomach may be to refuse substantial nourishment during the extreme heat of summer, there is scarcely an instance where Scott's Emulsion cannot be readily accepted and easily retained.

SCOTT & BOWNE, 409 Pearl street, New York.

unknown reason, there was total suppression. There was no history of tubercular disease, nor could I obtain any certain cause. In one case marriage was undertaken as a hope for cure. This patient, aged 18 years, came to me with the following history:

CASE III.—Mrs. B.; began menstruation at the age of 13 years; regular intervals until 15 years, when the flow became scanty and scantier until only a half day, and then entirely disappeared. She had not seen a flow for two years. Examination revealed the uterus two inches in length, somewhat anteflexed. The ovaries on each side could be felt, the size of an almond; the tubes could also be felt. This patient had been under the care of many physicians, and had had several operations even laparotomy, for the abdominal scar was visible. Nothing had been removed, she assured me, and the examination showed this also. Dilatation of the uterus had been performed, as well as curettetment, for what I was not informed. She had also undergone electrical treatment. I treated this patient constantly for six months before a flow of blood was in evidence. My sole treatment was the internal use of the Pepto-Mangan (Gude's) in tablespoonful doses in milk, and the use of a stem pessary for a period of nine months. After this time an examination revealed the uterus two and one-half inches in length, larger in size. The tubes could be felt, and the ovaries on either side somewhat larger. Monthly flows have now been the rule for the last three months. This patient is still under treatment, and whilst the iron is still persisted in, the result of the treatment is uncertain. I am firmly persuaded that many cases can be benefited by a correct application of our remedies, and when applied for a certain purpose.

This last patient appeared hopeless, and at the start I had little hope myself that much could be looked for. It appeared as a case of early menopause. I have seen such cases, with atrophy of the organs. Here, however, this was stopped, and I have still hope of seeing further improvement.

I have seen much good results in the use of Gude's Pepto-Mangan in septic diseases that I have applied it fearlessly in other conditions. None give better promise than those conditions that are coupled with the menstrual flow, especially when seen at the adolescent period.

HENRY (*Medical Essays*) says: In uric acid disorders, after careful regulation of diet, the basis of treatment must consist of a remedy which in addition to solvent power has positive diuretic action. It is accepted that in green corn silk, (the elongated styles and stigma of the female flower or silk of Indian corn), we have an agent of great power as a uric acid solvent, and that in addition it is an active diuretic. Redemaker & Fisher (U. S. Dispensatory, 11th edition) have shown that this property resides in maizenic acid, present in fresh silk in the proportion of 2.25 per cent. Maizo-lithium, a chemic union of this acid with the base lithium, has proven its superior value in conditions dependent upon uric acid being in addition to diuretic a neutralizer and a sedative to the genito-urinary mucous membrane—a combination of properties found in few other agents. In doses of one teaspoonful well diluted it is not only more efficient but decidedly more economical than the numerous lithia waters.

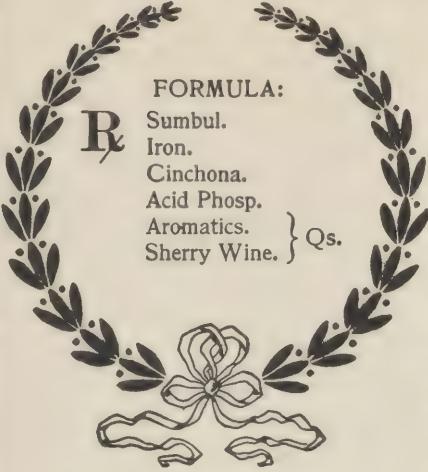
DR. RICHARD EICHE, of Cleveland, Ohio, writing, says: "It is doubtless of great value to the medical profession that we have a remedy like Sanmetto. I have used this remedy with much success in irritation and inflammation of the neck of bladder, in prostatitis, in nervousness arising from irritation of uterus, ovaries and testes, in incontinence of urine and in old cases of gonorrhea and gleet. This remedy also powerfully influences the reproductive apparatus. It is not here my intention to waste space in pathological discussions, but will say that Sanmetto is a weapon in the hands of the physician, and a backbone to the worn and old of both sexes.

IT IS announced that the dates of the next meeting of the Mississippi Valley Medical Association have been changed from the 10th, 11th, and 12th of September to the 12th, 13, and 14th of September. This change has been made necessary because the dates first selected conflict with another large association meeting at the same place.

The meeting is to be held at the Hotel Victory, Put-in-Bay Island, Lake Erie, O., and the low rate of one cent a mile for the round trip will be in effect for the meeting. Tickets will be on sale as late as September 12th, good returning without extension until September 15th. By depositing tickets with the Joint Agent at Cleveland and paying 50c, the date can be extended until October 8th. This gives members an opportunity of visiting the Pan-American Exposition at Buffalo, to which very low rates by rail and water will be in effect from Cleveland.

Full information as to rates can be obtained by addressing the Secretary, Dr. Henry E. Tuley, No. 111 West Kentucky Street, Louisville, Ky. Members of the Profession are cordially invited to attend this meeting.

Those desiring to read papers should notify the Secretary at an early date.



R

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A Specific for Vomiting in Pregnancy.

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PHILADELPHIA.

NEW YORK.

CHICAGO.

Mississippi Medical Record.

VOL. V.]

AUGUST, 1901.

[No. 8.

ORIGINAL CONTRIBUTIONS.

REPORT OF FOUR CASES OF PUERPERAL ECLAMPSIA TREATED WITH NORWOOD'S TR. VERATRUM VIRIDE.

BY W. A. JOHNS, M. D., CORINTH, MISS.

In presenting this report I lay no claim to any new facts but only hope by adding my mite to the general fund of experience through the medical press, it may be of benefit to some brother practitioner.

Case 1. Alice H., colored, aged 18, primipara. I first saw her 10 p. m., February 9th. She had had three convulsions. She was nine months pregnant, child living, abdo-

men irregular shape, pulse 120, temperature 97°. Prescribed 20 grains bromide potash every 2 hours. I called 9 a. m., next morning and found her having convulsions. The nurse stated she had them every half hour since midnight. The patient being unconscious I administered chloroform to relieve the convulsions and gave two drops of croton oil, well back on the tongue. At 12 o'clock noon, commenced with 20 minims Norwood's Tr. Veratrum Viride every hour, by mouth, 'till convulsions stopped. She had only three convulsions after commencing the veratrum and they ceased entirely at 5 p. m. Labor pains came on voluntarily the next day at 10 p. m., and she was delivered of a living child. One week after delivery all albumen had disappeared from the urine and both mother and child doing well. She had in all thirty convulsions.

Case II. Mrs. H. White, aged 22, primipara. I delivered her of an 8 pound boy at midnight, June 18th. Left her doing apparently well at 1 a. m., January 19th. Was hurriedly called at 6 a. m., and found that she had had three convulsions before my arrival. She was unconscious, temperature 97°, pulse 140. Injected 20 minims, Norwood's Tr. Veratrum in the arm immediately.

Vomiting commenced promptly and continued intermittently for 36 hours. At 8 a. m. gave two drops croton oil on tongue which acted on the bowels freely in a short while. In the afternoon the pulse had dropped to 50. Consciousness returned in 24 hours, but she was blind, suffered from headache and very restless.

For this I gave chloral hydrate and brom. pot. aa gr. xx as necessary. She was totally blind for 48 hours, and vision was not normal for 72 hours. After treatment directed to keeping excretory organs active. The albumen gradually disappeared from the urine and she made an uneventful recovery in about ten days.

Case III. Mrs. H. White, age 20 years, primipara. I was called in consultation with Dr. Gilbert, February 22d, at 5 p. m. She was full term pregnant and in labor; hands, feet, vulva, and face anasarcaous. She had just had a convolution, complained of severe headache and said she was going to die.

We gave 20 minimis veratrum hypodermically in the arm and a large enema. She vomited freely and the pulse slowed down but she complained bitterly of the labor pains and headache. She was delivered naturally, under chloroform, of a living child at 8 p. m. We left her feeling comfortably and in apparently good condition, pulse below 100, and congratulated ourselves on such good luck.

At 12 o'clock midnight we were hastily summoned. After a sound sleep of two hours she had again commenced having convulsions. We found her unconscious and having convulsions every few minutes; pulse very rapid. We injected 20 m. veratrum with very slight effect, gave chloroform by inhalation, and repeated the veratrum in half hour. By giving a little at a time we got her to swallow 3*i* of hydrate chloral. She would have convulsive shivering even under chloroform. As a last resort we bled her from right arm, between one and two pints of blood. She died at 2 p. m.

Case IV. Mrs. P. White, aged 24, second pregnancy. I was called to see her November 23d. She had fever, headache, irritation of the bladder, unable to walk without great pain in hips, could scarcely turn over in bed. Pulse rapid, urine heavily laden with albumen. She also complained of blind spells. Seven months pregnant.

After two weeks treatment with little benefit I inserted soft rubber catheter into uterus and held it in place with a cotton tampon in the vagina. This was removed in 24 hours after introduction of the catheter. She was delivered at 8 a. m., December 6th of a 7½ pound child which however lived only a few hours. She had a convulsion a few minutes after delivery and was immediately given 20 m. Tr. Veratrum hypodermically in the arm. Vomiting commenced promptly. She had no more convulsions. The blindness passed off in a few hours. Late in the afternoon to settle the sick stomach she was given a few powders containing calomel gr. ¼, bis. sub. nit. gr. v.; one every hour. She made a prompt and uneventful recovery without other treatment than a few doses of acetate potash and buchu and keeping the bowels open.

Elimination is my idea in treatment. Veratrum and croton oil act promptly and efficiently and I believe saved the lives of some of the above cases.

The fatal case showed the futility of all treatment. If the husband had called a physician and had his wife treated, three months previous to the termination of the pregnancy, for the trouble she was then having, he might have saved the mother as in case IV—though possibly at the expense of the child.

THE TREATMENT OF TYPHOID FEVER IN THE TOM FRANKLIN HOSPITAL, COLUMBUS, MISSISSIPPI.

BY MAY FARINHOLT JONES, M. D., COLUMBUS, MISS., RESIDENT PHYSICIAN, LATE HOUSE PHYSICIAN GOOD SAMARITAN HOSPITAL, BALTIMORE, MD.

It is not my purpose to write a long treatise on the subject of typhoid fever, nor to occupy your valuable pages with a detailed report of cases; but to give you a short article on the cases, and the practical treatment of the same, as seen in the hospital wards of the Industrial Institute and College. These cases, I believe, typify those frequently seen by the general practitioner in Mississippi, and although much of it may seem as repetitious as an oriental prayer, I feel that, with a disease so frequently encountered, and one so much to be dreaded, too much cannot be said or written upon the subject. Especially is this so in regard to early diagnosis, and thorough disinfection in the management of the case after diagnosed.

It too frequently happens that typhoid fever is called typho-malarial fever, and thus the impression, for which there is no excuse, given that it is not infectious, and no methods used whatever for its prevention. Typhoid fever has proven to be the disease most frequently seen in our wards, especially so has this been the case in the early months of each scholastic year. In the beginning we frequently find it difficult to diagnose it from the cases of malarial fever of a low type that we find among patients who have their homes in the Delta. We make it a part of the routine work to examine carefully specimens of the blood from every patient admitted to the hospital, suspected of malaria or coming from malarial districts, thus greatly facilitating an early diagnosis.

The method is a simple one; cleansing the ear or the finger with soap and water, then drying it off with alcohol, we puncture with a surgical needle, preferably the edge of the ear lobe, and after drying off the first drop of blood, catch the second one on a thin glass slide or cover-slip, and by drawing another slip across the drop, thus spreading it as thin as possible. Then examine with oil immersion lens. When it can not be examined immediately we let it dry in the air, then cover with the Eo-Methyl stain for from three to seven minutes, washing off quickly all surplus stain, when it is ready for microscopic examination.

A careful examination will reveal the plasmodia in some of their varied stages, if the disease is malarial in origin. This plan has been pursued in every case occurring in the past three years.

In November, 1897, the latter part of the month, Miss J. was first admitted to ward, Friday night, and was seen for the first time. She complained of severe pain in the muscles of neck, head has turned to one side, in fact she was suffering with extreme torti-collis. She had arrived at the College one week before; said she had not felt well for several weeks, complained of having had some temperature, but hoped the change would be beneficial.

On examination I found temperature 104.5, pulse 130 di-crotic, breathing accelerated, tongue heavily coated, decided tenderness in illiac region and abdomen tympanitic. Spleen was enlarged, patient, however, only complained of anorexia and the severe wry neck, for which she had come to seek relief. Calomel in one-tenth grain doses was given every half hour until one and one-half grains were given. The next day I begun the use of the cold bath, giving it every three hours. I reported the case to the College President, as probably, one of typhoid fever, of some time duration. On Sunday the case was turned over to the mother and family physician, who had been summoned. After this the baths were discontinued. Patient was moved to her home on Monday and died the following Friday from perforation.

The patient was more than in the third week of typhoid fever when first seen.

December 5, 1897, Miss W. was admitted to ward, a healthy looking specimen of young womanhood. She had

had a chill on the fourth. Calomel followed by quinine in large doses was the initial treatment. Patient had visited during the middle of November a sister, ill with typhoid fever. In this case the temperature ran a typical typhoid course, lower in the morning, with evening exacerbations. On examination I found constipation, bronchitis, and epistaxis had occurred several times before the chill. In fact, the case presented many of the classic symptoms of typhoid fever. The temperature in this case ran high. The tenth day it being 106.5. During the second week of illness rose spots appeared on the lower costal margins and abdomen. Phlebitis begun in the left femoral vein causing an increase of temperature after it had fallen to 99 degrees. This occurred during the sixth week of illness. Hot applications of one to one thousand Bi-chloride solution were applied with considerable compression. These dressings were renewed every two hours. Delirium and como-vigil in this case were distressing. Patient was sent home convalescent at the end of twelfth week.

The next year ten cases were in the hospital, the first one appearing in March. The progress of the disease, and recovery of these cases were uneventful.

The following and third year two cases were admitted to wards, in October, that is, in 1899.

At this time newspapers were teeming with direful accounts of typhoid fever being epidemic in the various colleges of the country, especially was this the case with some of the Virginia and North Carolina schools. We began to pat ourselves on the shoulder, and felt thankful for our water supply, coming pure and sparkling from an artesian well, over three hundred feet deep. Our elation was short lived, however.

In January, 1900, we had 83 cases of measles in the hospital, as compensation for the home going through the Xmas holidays, and on February 15 we admitted to ward the first spring case of typhoid fever. In two weeks we had 20 patients ill with fever.

Seven of these patients had measles during January, two of these began with profuse diarrhea-prodromes for several days, &c.

In looking about for the cause of the trouble the water supply had been suspected as the cause, by my consultant, Dr. Davis and myself and had been shut off. A specimen of the artesian well water had been forwarded to Dr. Krouse, of Memphis, and the result of this analysis was returned to us in a few days, proving that the water was the most probable cause of the infection. The well which afforded this water was not an overflowing well. The water came within about six feet of the surface where there was a joint through which there had possibly been seepage.

Ten cases have been treated this year, seven coming here infected in the autumn, and three following grippe, which occurred in the spring.

Every morning with my ward patients a specimen of urine is obtained and examined chemically and microscopically. Albumen existed in ninety-five per cent. of my typhoid cases; and in no case did I fail to secure Erlich's Diazo reaction. In some cases I did not obtain it until after the thirteenth day. In no case was it seen after the twenty-fourth day. In nearly every case rose spots were found, in one, isolated spots were seen on neck and face. These spots most usually begin to appear just under the mammary glands and along the lower costal margin.

As I have said, only two of my cases here had diarrhea all others were severely constipated. Three of my cases had hemorrhages, one proving fatal. With one of these cases the hemorrhages occurred during the first ten days, this patient was practically comatose for two weeks after the initial chill. The hemorrhages occurred in the other cases during the fourth and fifth week. With this case which was so early comatose the temperature varied from 105° to 106°, pulse as high at times as 160, and feeble, heart sounds disturbed, the first sound soft and scarcely heard.

In all cases the spleen was more or less enlarged, in one the liver much enlarged, and encroaching upon other organs. Cystitis in a troublesome form was associated with one case.

Middle ear abscess occurred in two cases that had been preceded by measles, probably a sequella of that disease.

Noisy delirium was marked in two cases, Como-vigil in several.

Relapse with all the former symptoms occurred in one case only.

With regard to treatment—in cases outside of the College Hospital I had used the so-called Woodbridge treatment, using the tablets and capsules, and in cases of dry brown tongue, supplementing this with turpentine emulsion. Our treatment in hospital now is to give the cold bath, Brand's method as an antipyretic. The temperature is taken every three hours per rectum, and if it reaches 102.5° we tub the patient. Here in hospital we have a portable tub which is rolled to the bed side of the patient; a heavy canvas cloth is clamped to the sides of the tub, making a comfortable table-like arrangement, the head placed on air pillow, and the entire body clothed in a sheet is submerged in water at 85°; an ice cap is kept on the head, and friction of the body kept up while in the water. They are allowed to remain there twenty minutes, then rolled in a dry blanket and allowed to remain so for an half hour. The temperature is then taken and recorded. Sometimes it drops two or three degrees, sometimes only half a degree. The patient as soon as taken out of the tub is given nourishment and one ounce whiskey. Sometimes this whiskey is not necessary until the second or third week. But I believe it is better to support the patient with it, even in the early stages than to wait until the pulse is flagging, when it is difficult to get it in a good resistant condition.

I have had some experience while house physician in the Good Samaritan with the various drugs used in the treatment of this fever, viz: Salol, hydrochloric acid, turpentine emulsion, guaiacol carbonate, the so called Woodbridge treatment, etc., not one of which aborted the disease in any perceptible degree, or lowered the temperature whatever.

The good results obtained while using these various drugs I attributed wholly to the cold bath, which was used persistently in every case along with the drugs.

Some of the advantages of the bath, aside from the fact that it lowers the temperature, are, that it acts as a cardiac stimulant, lessens delirium, and very frequently quiet sleep follows the bath. The cyanosis may be severe at times, with such cases. Insist on constant friction while in the tub, and

shorten the time the patient is kept in the water. In private practice I have had the bed covered carefully with a rubber sheet, and the bath given in bed; it is wonderful how much water can be used, and how successfully a good nurse can give the bath in this manner.

The feeding of a patient ill with typhoid fever is a most important factor in the recovery. We give buttermilk, chicken, or beef broth and egg albumen. We prepare it in this way—the whites of two eggs are thoroughly broken up by shaking it in an ordinary tumbler, a little water and the juice of a lemon are added. This makes a very palatable and nutritious drink, as well as one that has no tendency to increase the gas. A little sugar may be added if the patient so desires. We do not find sweet milk satisfactory, as it is most constipating in many cases, and frequently a prolonged high temperature is due to its use. Very rarely we give it diluted with lime water. We give to patients not very ill, cocoa, coffee, lemonade, etc. Our patients are fed every two hours during the day, and every three hours at night.

I am not an advocate of solid food in typhoid fever, believing that in every case it will do harm. Ten days after the temperature has fallen to the normal, I give soft toast, jellies, etc., and gradually allow solid foods.

With regard to elimination or purgation; usually on admission to Hospital the patient gets a liberal dose of calomel, say two and one-half to three grains, followed by a saline. After that we give an enema if there is much tympanites; but if condition is good, and no gas, this enema is given every second day; while the temperature is high cold water is used, and if tympanites exists, one dram of turpentine is added to each quart of water. Normal salt solution is used if there is much prostration, and with good results.

A liberal application of turpentine stipes properly applied relieves the abnormal swelling very satisfactorily in the majority of cases.

The cystitis, in the one case, was relieved by washing out the bladder daily with a ten per cent. solution of boric acid water.

I use stimulants, viz: Whiskey, strychnia, digitalis, nitro-glycerin, etc., when necessary. The whiskey is used at the time of the bath as before mentioned, and in the second

week of the disease I begin giving strychnia, one-sixtieth or one-fortieth of a grain as may be indicated, three times daily. By this the patient is in a condition to tide over the weeks of depression and great prostration that may follow, and thus the system is enabled to make a fight against the toxines which are circulating in the blood of the patient, and sapping his strength.

In two of my cases in which hemorrhages occurred, they were controled by the use of ergotole, given hypodermatically, lead acetate, powdered opium and sulpho caroblate of zinc by mouth; and the application of the ice bag to the abdomen. The baths, of course, were discontinued at the time.

The only fatal case occurring in the hospital was the result of hemorrhages at intervals of ten days, the hemorrhages ceasing four days before death, and patient finally dying of heart failure. The hemorrhages occurred in the fifth week of the disease and were profuse.

The personal hygiene and cleanliness of a patient ill with typhoid fever is most important. I require that they have a sanitary bath every second day with soap and warm water, and the personal and bed linen be changed at that time. A rubber sheet is kept over the bed with a draw sheet over it; this latter can be changed whenever it is necessary without disturbing the patient at all. The back and limbs are rubbed daily with a fifty per cent. solution of alcohol. The mouth is thoroughly washed twice daily with solution of boric acid and listerine. Every article used in the room is thoroughly disinfected by boiling or otherwise. The bed on which patient is ill, and the ward floor is washed frequently with a one to five thousand bi-chloride solution—and all linen soaked in a carbolized solution for twelve hours before it is sent to the laundry. Spit-cups and bed-pans are kept well disinfected. When patient is convalescent and has been sitting up for several days, she is transferred to another ward, and the one in which she has been ill, is thoroughly disinfected with soap and water, and formaldehyde.

To recapitulate somewhat—we have had in our hospital ward during the past four scholastic years, forty-four cases of typhoid fever. Six of these patients were sent to their

homes early in the disease. They were moved on stretchers, accompanied by competent nurses, and suffered no bad results. Two others were taken home by their parents and died, one of perforation as mentioned above, and one of heart-failure, after the temperature was practically normal. Thirty-six cases were treated in the hospital. In this series of cases only one death occurred, that as stated above, the result of hemorrhages.

In all of our Autumnal cases the origin of the disease was traceable to the homes of the patients, or to some place which they had visited before coming to college.

ERGOT IN OBSTETRICS.

BY E. P. JONES, M. D., HERMANVILLE, MISS.

Since this writer first began the practice of medicine, now fourteen years ago, it has been a subject of some wonder to him why so many physicians of the present day continue to use ergot in obstetrics—in the first and second stages of labor. Its physiological action studied in connection with the phenomena of labor, seems to most positively forbid its employment, and there is not a solitary text-book of this day that recommends its exhibition in first and second stages of labor—in fact, they all condemn it; and yet we find some able doctors who not only use it freely, but use it in nearly all, if not quite all, the cases they have; they strenuously defend their position in the matter,—even more, they recommend it highly. We find others who say they seldom use it, and only in certain cases, yet if record is kept of their cases, it will be found that about all of their obstetrical cases are of the “certain” kind where ergot is needed, in their judgment. Some of these gentlemen use this drug throughout long lives, and in hundreds of cases of midwifery, seemingly never giving a thought to the lacerated perineums, os uteri, hour-glass contractions, and women maimed for life, to say nothing of the many, many still-born babies who tell no tales. If the record could be opened before us of the deadly use of

ergot in labor, and all could be made to understand, a wail of distress and horror would go up from the women of this land,—Rachels refusing to be comforted,—and emaciated and pain-stricken women, and childless ones too—for ergot has made barren thousands of women—would know the cause of their sorrow.

We need not speak of the mechanism of labor, of the anatomical formation of the uterus, or of the physiological action of ergot. Doctors should know all these things,—probably do,—and yet ergot continues to do its deadly work. Have you seen the finely formed babe, lying under a white sheet, its blackened face and body telling a tale you well understand? Have you not seen, again and again, a pale, nervous and emaciated woman, barren for years, examined her and found a lacerated perineum and os uteri, with all that they imply? Still the woman never dreamed the cause of her troubles.

The writer of this paper has some warm friends in the profession who use ergot in all stages of labor,—splendid gentlemen and good physicians,—and he hopes none of them have ever had still-born babies, or pain-stricken women resulting from ergot. I know ergot does not do harm in every case in which it is used—far from it—but now and then it does—only too often it makes the pictures I have described, and who can tell when it will not? Who can say when it is safe? Why not discard so patent an agent for harm, giving it only in the third stage of labor, and use strychnia, quinine and other excito-motors when we need to increase the muscular power of the uterus?

Give the baby a chance to breathe, the mother a chance for her perineum. Indeed, they say ergot sometimes kills by paralyzing the foetal heart, not waiting to asphyxiate,—why run the risk? This writer has delivered some women during the last fourteen years, but has numbered no lost mothers, no hour-glass contractions, only three lacerated perineums, and they slight, and not one asphyxiated babe; he has used no ergot until third stage, and then but seldom. Strychnia and quinine do when such agents are needed, and forceps are incomparably safer than ergot.

I believe it is only a question of a few more years when ergot will occupy the place it deserves in obstetrics. The

people, the laity we love to call them, are getting educated on the subject themselves, and all our schools of medicine are vigorously assailing it. It must go, and may God speed the day.

TREATMENT OF WHOOPING COUGH.

BY H. H. HARALSON, M. D., VICKSBURG, MISS.

Whooping Cough is a contagious disease and is usually confined to childhood and youth. It is marked by periods of spasmodic coughing which always ends by a "whoop" and sometimes in vomiting also.

The course of the disease extends over a period of eight or ten weeks, and while it is not often fatal it is a source of great annoyance both to patient and physician, and at times greater anxiety to the mother. Sometimes alarming symptoms develop when the disease is at its height, such as hemorrhages from the nose, mouth or ears. Sometimes also, troublesome complications, such as broncho-pneumonia, etc., arise. The disease then is really deserving of some consideration by the profession. I think it an error on the part of the profession to consider whooping cough as an affection of little importance.

It is a disease with which every physician has to deal, and, at times, in its treatment his patience is taxed to the utmost limit. Besides this we must not forget that from it we sometimes have fatalities. During one year in England, there occurred 10,318 deaths from whooping cough, while deaths from all causes during the same period were 500,341. In New York, covering a period of ten years, there were 4,062 deaths from typhoid fever, and during the same period the deaths from whooping cough amounted to 4,092. While the mortality, generally, is from 3 to 7 per cent., it has been known to reach 48 per cent. It would appear then from these figures that the disease is at least as grave as yellow fever has been in the South during the last few years.

The object in treatment should be to render lighter the paroxysms of coughing, to extend the time from one parox-

ysm to another and to shorten the course of the disease. With a judicious line of treatment this can be done, resulting in fewer complications and consequently fewer fatalities, and in saving the mother many hours of anxiety.

It goes without saying that there is no specific treatment for whooping cough, the treatment still remaining in the stage of empiricism. Anodynes are to-day, and have always been employed in the treatment of this disease, showing that the profession at least thinks it gets good results from this line of treatment. It is not my purpose to review the many remedies that have been and are still being used in the treatment of this affection, but simply to call your attention to a treatment that has been attended with good result in my hands. I am sure this treatment exerts a favorable influence upon the paroxysms by rendering them lighter and extending the intervals between paroxysms and indeed I believe shortens the duration of the disease. I know I can say with safety that the cautious use of heroin and belladonna is at least a shield against damaging complications and annoying symptoms.

Belladonna is not a new remedy in whooping cough. I have been using it a number of years and have always thought with very good results when the use of the remedy was persisted in. Some two years ago I had occasion to use heroin in a troublesome case of bronchitis in an adult, whose cough was of a spasmoid character, and with such good results that I concluded to try the remedy in whooping cough in conjunction with belladonna. In the use of heroin too large doses must not be given. I learned this lesson in my first case with its administration. Not alarming but unpleasant sensations about the heart and chest often follow the administration of a twelfth or sixteenth of a grain to a strong adult. In adults I believe about 1-24 of a grain should be the maximum dose although the U. S. Dispensatory says the dose is from 1-10 to 1-3 of a grain.

When I use a remedy I try to find a therapeutic or a physiological reason for it. We are told by the United States Dispensatory that heroin acts similar to codein but especially affects the respiratory functions. Under its influence breathing becomes deeper, and slower with a slight reduction in the amount of air moved and in the sensi-

tiveness of the respiratory center to an excess of carbonic acid in the blood. This being true we can understand the rationale of the therapeutic application of the remedy in bronchitis, and in whooping cough in the stages of catarrh and spasm. While whooping cough has no known morbid anatomy except in its complications, but since these complications are more frequently of the respiratory organs, I believe that Strumpell is correct in discussing it along with maladies of the bronchi, and that Gerhardt is wrong in removing it altogether from the category of pulmonary diseases. Whitaker says that "the view that whooping cough depends upon catarrh of the larynx and bronchi found support in the investigations of Marcus, Loeschner and Oppolzer." I have only referred to these conditions found in whooping cough to justify to some extent the treatment of the disease by heroin and belladonna.

I commence the administration of the remedy early in the attack and continue it through the stages of catarrh and spasm, or the first and second stages. The last stage, or the stage of resolution, requires very little treatment other than moderate stimulation, preferably of good whiskey, tonics and nourishment and wholesome hygienic surroundings.

I give to a child say two years old, two drops of tincture of belladonna three or four times daily and 1-150 to 1-100 of a grain of heroin every four or five hours. The heroin to be increased if borne well by the patient.

The two remedies may be combined, as in the following prescription :

R Heroin hydrochloride, - - - gr. $\frac{1}{2}$ to $\frac{1}{2}$
Tincture belladonna, - - - m. 64
Whiskey, - - - - - $\frac{3}{i}$
Syrup, simple, - - - - - qs. ad $\frac{3}{iv}$

M. S. Teaspoonful every five or six hours.

This treatment should be persisted in and you will find, in my judgment, an amelioration in the paroxysms, a lengthening of the time from one paroxysm to another and an abbreviation in the duration of the disease. After all, an accomplishment of these three points is all that can be expected, considering our limited knowledge of the disease. If we can

be assured that these are obtained we can promise fewer annoying symptoms and troublesome complications and hence a smaller fatality.

Of course, other remedies may be indicated during an attack, but they should not be allowed to interfere with the above which should be persisted in from the beginning of the stage of catarrh to conclusion of stage of spasm.

ABSTRACTS AND EXTRACTS.

Criminal Abortion,—Its Seriousness, Proof, Punishment.

The Supreme Court of Idaho says, in case of State vs. Alcorn, that an unnatural abortion, brought about by means of drugs or instruments, violates decency, the best interests of society, the divine law, the law of nature, the criminal statutes of that state, and is not only destructive of a life unborn, but places in jeopardy the life of a human being,—the pregnant woman. Both actors, when there are two, are guilty of a felony, and ought to be punished by the law, if the woman survives ; and, if she does not, then the person or persons participating in the abortion should be punished. This crime is one of grave consequences to society. The law prohibits it and prescribes severe penalties. The law ought to be strictly enforced. Furthermore, in a case of this kind, the court says that it will not notice purely technical errors, which do not prejudice the substantial rights of the accused, for the purpose of reversing the verdict returned by the jury, especially where it is satisfied that substantial justice has been done. Under the statutes of Idaho, the crime of abortion may be committed prior to the quickening of the foetus, but the rule is otherwise at the common law. Then, the corpus delicti, or substance of the offense, the court holds, may be proven by declarations and circumstances, but the order in which the evidence proving the different material facts is introduced is not material. In a prosecution upon a charge of murder, where the death of the deceased is alleged to have resulted from an operation performed for the purpose of bringing about an abortion, the pregnancy of the deceased must be proven beyond reasonable doubt, but need not be demonstrated to an absolute certainty. In case of

homicide resulting from an operation performed by the accused upon the body of the deceased to bring about an abortion, the declaration of the deceased, made at the time she was introduced to the accused, to the effect that she was pregnant, and which had direct reference to the contemplated transaction between the deceased and the accused, the court holds, is admissible in evidence as a part of the res gestæ, or essential circumstances of the transaction.

It also holds that where an unnatural abortion is sought to be caused by the use of instruments and drugs, or either, and death results, an abortion not being necessary to save the life of the woman, such acts under the statutes of Idaho constitute the crime of murder in the second degree; and an instruction that such acts constitute the crime of murder in the second degree or manslaughter is erroneous.—*Journal of the American Medical Association.*

Gonorrhreal Coxitis.

There is a popular belief to the effect that arthritis is not only a comparatively rare complication of gonorrhea, but is also one which, though painful, is prone to undergo complete resolution. The involvement of the hip-joint is considered so rare that in the majority of text-books it is merely mentioned as a possibility, and the symptomatology, prognosis, and treatment are not given consideration.

Konig's contribution to this subject is worth careful study (*Munchener Medicinische Wochenschrift*, 38 Jhrg., No. 3), not only because of the established reputation of the writer, but because he shows that a gonorrhreal coxitis is by no means a surgical curiosity, and that it is likely to be attended with most serious results. He reports twenty cases, most of them in women. He notes that the disease is most prone to develop during the acute stages of a gonorrhea, and is favored in its development by pregnancy and the puerperium.

The affection is often bilateral, and other joints may be involved. When it develops during a late stage of gonorrhea it is often associated with vertebral involvement, resulting in ankylosis. The onset may be insidious or violent. In the former case there is a moderate pain and restriction of motion; in the latter the pain amounts to positive anguish, the limb is completely fixed, and there is often pronounced swelling. The thigh will usually be found flexed, abducted and everted. This posture will produce an apparent lengthening, and was noted in half the cases. In twenty-five per cent. Konig noted abduction, inversion and flexion, producing an apparent shortening. In some cases there was a real shortening of upwards of an inch.

Swelling was a characteristic symptom, sometimes associated with fever.

But twenty-five per cent. of Konig's cases recovered without disability. This was slight in about half the remaining cases, and was extremely pronounced in the remainder. There was shortening, stiffness, and often a faulty position.

It would seem wise to treat this affection in its early stages by absolute fixation, such as, for instance, could be obtained by the application of a plaster-of-Paris bandage. At the same time careful attention should be devoted to the curing of the gonorrhoea. Where pain exists and is unbearable and the swelling is pronounced, it would be justifiable to treat the joint by tapping and flushing.

Though Konig states that during the acute stage operative interference is rarely needful, ankylosis may require either osteotomy or resection for its relief.—*Therapeutic Gazette*, June, 1901.

Florida Physicians' Bold Move.

Two physicians of Jacksonville, Fla., have set an example worthy of some attention. They were treating a case of typhoid fever, and the patient was to all appearances making rapid progress toward recovery. Suddenly and mysteriously the improvement ceased, and alarming symptoms manifested themselves. Investigation revealed the cause of the trouble. A "Christian Scientist" had gained access to the house, at her orders the medicines prescribed had been thrown away, and all sanitary and dietary precautions had been abandoned. Of necessity the two physicians withdrew from the case—and the patient died two days afterward. All this is familiar enough, for it has happened often in many places, but the subsequent proceedings were novel. Instead of following precedent, and contenting themselves with refusing to give the death certificate, maintaining a dignified and "ethical" silence, and allowing the dead man's family, the "healer," and the local authorities to hush up or smooth over the homicide in the way that seemed the most convenient, they filed with the Board of Health a sworn declaration of the facts as they knew them, accompanied by a definite statement that to the best of their belief "the patient died of neglect and the interference of a 'Christian Scientist' named Mrs. Campbell, and the patient would not have died had he taken the medicine prescribed." Here is a clear issue, and an explicit charge is presented for settlement. Of course typhoid fever is a malady convalescence from which is attended by many dangers, and it is not a certainty that the man would have lived even if he

had received the best of care, but the two doctors in their capacity as experts, assert, in effect, that the probabilities of recovery were high and that they were reduced to nothing by the substitution of "Christian Science" for real knowledge and medical skill. With this foundation for a prosecution, there is hope that for once an Eddyite killing may result in legal punishment.—*Medical News*, June 15th.

Nervous Exhaustion Due to West Point Training.

Dr. Chas. E. Woodruff, Surgeon U. S. A., states that it is an error to rate scholarship as military ability. To keep a child aged fourteen years or less, two hours on a single recitation is said to be a heartless violation of all mental laws, and the same can be asserted of the long recitations at West Point. In addition, the cadet, when through his work at the blackboard, must face about and stand at the military attitude of "attention," which is such an unwholesome strain that they now and then feel faint and have been known to go to hospitals as a result of this exhaustion. According to Ellis, "The amount of work performed by the cadet is prodigious. Scarcely a moment is wasted. Under the rigorous discipline, which taxes mental and physical capacity to the utmost for six days in every week, with only a slight loosening up on the seventh, the West Point cadet is always, baring accident, in perfect physical condition." It is impossible for cadets to get more than eight hours of sleep in winter and seven and one-half in summer. The dread of failure is another cause of exhausting strain. The real fault is a system which demands of the human brain three times as much as it can do. The friends of West Point should insist upon the uprooting of evils and modernizing its methods.—*American Medicine*, June 22, 1901.

Experiments With Disinfectants.

Dr. John J. Archinard, having conducted a number of experiments to test the efficacy of the various disinfectants in common use, draws the following conclusions:

1. Sulphur dioxide being a disinfectant of low efficiency and worse still a destroyer of dyes, whilst utterly impracticable for thorough application, should be discarded at once.

2. Formaldehyde, on the other hand, is an agent of great penetration and high disinfectant efficiency, though practically harmless for colors and fabrics. Apparatuses are now being made for disinfecting rooms and contents by means of simple, cheap, harmless and easily managed meth-

ods of rapidly generating this gas. Therefore, the immediate adoption of formaldehyde is much to be desired.

3. Bi-chloride of mercury recommends itself as a handy and efficient means of treating washable fabrics.

4. Sprinkling with twenty per cent. solution of formalin and keeping in close containers for twenty-four hours, enables us to dispose of woolen and other wearing apparels not amenable to treatment by method third.

5. Chlorinated lime is our best method for disinfection of excreta, privy vaults, yards, drains, etc.

6. Incineration is the best method of disposing of substances of no intrinsic value, such as rags containing dejecta, etc.—*New Orleans Medical and Surgical Journal*, May, 1901.

ANTHRAX; WITH REPORT OF A CASE.—After an exhaustive review of the literature on the subject, Dr. Wm. Roush reports a case of anthrax occurring in a farmer: “The patient was switched in the face by the tail of a horse, which at the time was suffering from an extensive edema of the head and part of the neck, together with a profuse purulent discharge from the nostrils, mouth and eyes. The animal recovered after two months. The patient developed considerable edema followed by pustules over the cheek. A tube of agar-agar inoculated with the discharge from the wound showed the presence of the bacillus of anthrax in large numbers. The case was treated according to the recommendation of Vockrecensy, which consisted in the administration internally of large doses of carbolic acid. Great improvement immediately followed the administration of this drug and the patient made a good recovery.—*Journal American Medical Association*, June 22, 1901.

WHAT I HAVE LEARNED FROM ONE HUNDRED AND SIXTY-ONE OPERATIONS FOR THE RELIEF OF SENILE HYPERSTROPHY OF THE PROSTATE GLAND. By Dr. S. Orville Horwitz.—The author's conclusions respecting prostatectomy are as follows:

With the exception of ligation of the internal iliac arteries, prostatectomy is the most dangerous of any operation that has been recommended for the relief of prostatic obstruction due to hypertrophy. 2. Suprapubic prostatectomy is the safest method, especially if combined with perineal drainage.

3. The best period to select for the performance of this operation is early, before the breakdown of catheter life and serious complications have supervened. 4. An atonied or a contracted bladder of long standing, associated with chronic cystitis, and attended by the formation of sacs, or pouches, contraindicates the operation. 5. A partial prostatectomy is indicated in those cases where a valve-like lobe exists and interferes with urination, or where there is partial hypertrophy of one of the lobes. 6. A complete prostatectomy is indicated where a hypertrophy of the three lobes has taken place, especially if the condition is associated with tumor formation projecting well back into the bladder, or has given rise to a stenosis of the prostatic urethra. 7. Perineal prostatectomy is best suited to those cases where the enlargement of the lateral lobes has a tendency to grow toward the rectum, or to obstruct the urethra. 8. When performing a perineal prostatectomy the semi-circular incision advocated by Pyle, or the transverse cut of Wolholm, is the most satisfactory. 9. The removal of a portion of a small, hard, fibrous prostate gland, by means of the perineal route, is a very difficult operation. There is danger of extirpating not only the entire gland, but the prostatic urethra as well.

From his results, the author sets forth the following conclusions: (1) Success following the Bottini operation depends on having perfect instruments; a good battery; the necessary skill, and the employment of a proper technique. (2) In suitable cases the Bottini is the safest and best radical operation thus far advised for the relief of prostatic hypertrophy. (3) It is often very efficacious in advanced cases of obstruction as a palliative measure, rendering catheterism easy and painless, relieving spasm, lessening the tendency to constipation, and improving the general health. (4) It is of special service in the beginning of obstructive symptoms due by hypertrophy of the prostate gland, and may be regarded as a means of preventing catheter life. (5) It is indicated in all forms of hypertrophy except where there is a valvular formation, or where there is an enormous overgrowth of the three lobes, associated with tumor formation giving rise to a pouch, both above and below the prostate gland. (6) Where the bladder is hopelessly damaged, together with a general atheromatous condition of the blood vessels, associated with polyuria, results are negative. (7) Pyelitis is not a contra-indication to a resort to the operation. (8) The character of the prostatic growth has no bearing on the results of the operation.—*Philadelphia Medical Journal*, June 15th, 22nd.

AN INTRODUCTION TO THE PSYCHOLOGICAL STUDY OF BACKWARD CHILDREN—W. B. Noyes classes mentally defective children as follows: (1) Those in whom the faculty of perception is deficient; (2) those who in spite of possessing all the special senses and power of perception lack the power of attention; (3) those possessing disease of defect of the will; (4) those deficient in the higher or cognitive powers of the mind, the reasoning faculties; (5) those deficient in memory, and (6) those morally defective. There is in addition a large class showing mental stupidity, which is the simplest term for uniform mental deficiency affecting the different mental faculties at the same time. Such children, though possessing special senses, do not really perceive. Attention, volition, reason, and moral faculties are not and cannot be developed to any great extent. This condition in its milder degree is stupidity; in its more pronounced degree dementia.—*New York Medical Journal*, June 22nd.

Dangers From Milk.

In an article entitled "Conclusions Based Upon Three Hundred and Thirty Outbreaks of Infectious Diseases Spread Through the Milk Supply" (*American Journal of the Medical Sciences*, May, 1901), Dr. George M. Kober introduces his remarks by briefly setting forth the possible ways in which milk may be dangerous to health:

1. Sour milk or milk on the point of souring is liable to produce gastric and intestinal catarrhs of acute or chronic character; as an example we have cholera infantum. The causes of souring are lack of cleanliness and high temperature. The author quotes Bitter as claiming that milk is unfit for food which contains over 50,000 bacteria per cc.m. However, as the number of bacteria can be reduced from 4,000 to 6,000 per cc.m. with care the above figure would seem, in our opinion, to be far too large to willingly put up with.

2. Milk may be unfit for use and cause sickness because the animals are improperly fed or are being treated with the various potent therapeutic agents which are eliminated through the mammary gland. The writer states that symptoms of poisoning from arsenic, copper, iodin, lead, mercury, tartar emetic, atropine, colchicum, croton oil, strychnine, veratrum viride, etc., have been thus occasioned.

3. Milk may be the product of a diseased animal. The author states that local diseases of the udder, as garget, which causes pseudo-diphtheria, as well as general diseases may be

thus conveyed to the consumer. Among general diseases are "septic fevers, foot-and-mouth disease, cowpox, anthrax, pleuro-pneumonia, rabies and tetanus."

4. Tuberculosis he considers to be so frequently acquired from milk as to deserve a separate section.

5. Finally, but by no means least important, milk may acquire specific infective properties after it leaves the udder of the animal. The epidemics discussed in the paper are chiefly epidemics of typhoid, scarlet fever and diphtheria.

To the above headings might be added sophistication with chemicals; those most used at the present time are borax, boracic acid and formalin. Their dangers were discussed some time since in this department.—*Pediatrics*, June 15.

Danger in Household Pets.

Dr. Martin Friedrich, of Cleveland, the expert in smallpox cases employed by the city, says that dogs and cats help spread the disease and that the sooner they are killed off the better it will be for the health of the people.

"I suppose I will be regarded as cruel and inhuman by advocating such a step as this," said Dr. Friedrich yesterday, "but the people will find that it must be done before we get rid of smallpox. This is especially true in the plague-stricken districts, where many people apparently care more for their dogs than for their children.

"Any one who has not seen how some of these people live can scarcely comprehend the danger from dogs and cats. They spread the disease more than human beings do. When a new case of smallpox is discovered, the victim is hurried off to a hospital, the other occupants of the house are vaccinated, and the house quarantined, but the dogs and cats are permitted to come and go as they choose.

"I recently discovered a case of smallpox on Canal street, in a house in which several families were living. I did not attempt to count the number of children that were playing about the house and yard, all of them in filth. It would have been even more futile to have attempted to count the dogs and cats, and I must say they looked better fed than the children. The dogs were the children's pets. The children rolled in the dirt with them, kissed them and hugged them. The children had been exposed to smallpox. They were immediately vaccinated and kept under guard. The children, however, went to play with the neighboring dogs, and the neighboring dogs, in turn, were hugged and kissed by the children who owned them. Now, what chance is there to keep the disease from spreading under such circumstances?"

—*The Sanitarian*.

THERAPEUTICS.

Cough in Phthisis.

R Camphorae - - - - gr. ii
 Heroin - - - - gr. 1-12
 Creosoti - - - - m. i
 M. ft. pil No. i. S. One when necessary.
 —Daly. *Medical Record.*

To WARD off urethral chills as the result of passing sounds, etc., the following is recommended by Dr. Weir:

R Sulphate of morphine - - - gr. 1-10
 Tincture of aconite - - - m. ii
 Oil of wintergreen - - - m. xv
 Mix. For one dose.

For Whooping Cough.

The Journal of the American Medical Association says that Dr. R. A. Lancaster has had great success in treating whooping cough with this mixture:

R Tincture belladonna - - - 5iv-vi
 Whiskey - - - - - 5i
 Phenacetine - - - - - 5iiss
 Fluid extract chestnut leaves - - - 5vi

Mix. Shake. Label:—Dose: From ten drops for a child one year old to a teaspoonful for a child ten years old, every 2 to 6 hours. —*Buffalo Medical Journal.*

In Spasmodic Asthma.

R Potass. bromidi - - - - - 5i
 Potass. iodide - - - - - 5ss
 Aquæ - - - - - 5iv

M. Sig. A teaspoonful in sufficient water every half hour or hour.

—*Bartholow.*

THE following is recommended in the summer diarrheas of children:

R Bismuth sub. nit. - - - - - 5ss
 Tr. opii - - - - - gtt. xx
 Syrp. ipecac
 Syrp. rhei arom - - - - - aa 5ii
 Listerine - - - - - 5ss
 Mist. cretæ - - - - - 5i

M. Sig. Teaspoonful every 3 or 4 hours. For children ten or twelve months old.

EDITORIAL.

EDITOR AND PROPRIETOR : - - - - H. H. HARALSON, M. D.
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PRIZE ESSAY.

THE MISSISSIPPI MEDICAL RECORD is offering to its subscribers a No. 80, \$100.00 Clarke & Roberts surgical table as a prize for the best essay on any medical or surgical subject.

This table possesses all modern improvements, and besides being an ornament in a physician's office, it is an article of great practical utility.

The conditions of the contest are as follows:

1. The contestant must be a subscriber of the RECORD.
2. The essay must be on a medical or surgical subject, original, and never before published, and submitted type-written.
3. The essay must be sent to the MISSISSIPPI MEDICAL RECORD,—in one envelope the essay and a *nom de plume*, in another the same *nom de plume* as that enclosed with the essay, and the author's name and post office address.
4. The contest will close September the first, 1901, and all essays must be in the hands of the RECORD by that time. The prize will be awarded as soon thereafter as the committee can act on the papers.
5. The essays will be passed upon and their respective merits determined by a committee of three well known and competent physicians, one of whom shall be from this state.
6. Essays, when submitted, become the exclusive property of the MISSISSIPPI MEDICAL RECORD, and may be published in the RECORD if, in the judgment of the editors, they will be of sufficient interest to its readers.

The time will positively not be extended beyond September first, 1901.

"SHOT GUN" MEDICATION.

Much has been said of late regarding the curse of modern therapeutics—poly-pharmacy. Reading Dr. Pyle's recent article in "*American Medicine*," (June 1st, 1901), one almost inclines to the hope, if not the belief, that the millennium is about to come and that we will soon have a purely scientific method of medication.

But though this is a condition of affairs for which we devoutly hope, we fear that a great deal more dust will be raised before the chaff be entirely removed from the wheat. "It is time," says Dr. Penn, in the *Memphis Medical Monthly*, "we acknowledged that the *ris medicatrix* has not kept pace with the rest of the medical science. Works on therapeutics and *materia medica* still evidence our weakness here by continuing to suggest large numbers of drugs, many of which are inert, for every malady." One has but to glance casually about any retail drug store to appreciate the truth of this statement. The mass of proprietary preparations attests it; the increasing size of the Pharmacopeia attests it; and we fear that if the prescription file were examined much would be found there to attest it.

We do not forget that there are many remedies whose virtue is beyond reproach. The so-called specifics: quinine in malaria, mercury and the iodide in syphilis, and a *very* few others. We do not pretend to ignore the great advances made in late years, nor to deprecate the value of such blessings as thyroid extract or diphtheria antitoxine. We would simply suggest that there are many conditions for which we have no specifics and in which poly-pharmacy is apt to have its fling.

The reason for this, we believe, is not that doctors as a rule are ignorant, so much as that they grow careless.

An agent of some manufacturer comes in with his arguments and samples. He probably does not impress the doctor with his arguments; but he leaves his samples on the desk, and some day a neat catchy label impresses the doctor. Next day he prescribes the mixture. A week later he has forgotten all about it. Now if that doctor, after careful consideration, had decided that in certain conditions this medicine ought to be satisfactory, if he had used it on not one case but a series of cases, keeping careful notes of his obser-

vations, we would not have one word to say—but how many doctors do this? We believe that the “fads in medicine” grow out of the doctors’ carelessness, and many of us have not sense enough to realize that very expression—“fads in medicine”—is one of the greatest reproaches that can be applied to us.

City physicians are apt to look with somewhat of a pharasaical air upon the country practitioner who, sunburned and unshaven, jogs along the dusty road behind the old flea-bitten bay, not knowing that the hard worked old fellow has many rewards to which he himself is a stranger. Leaving out the affection and respect and confidence of his patients, which are more marked in rural than in urban practice, the country doctor can probably show you as long a list of recoveries and as small a death rate, proportionately, as the best of his city brethren, despite the fact that he is rarely consulted for trivial ailments. We are accustomed to attribute this to the open air life and simple living of country people. The most celebrated of country practitioners gave as his reason for disagreeing with the prognosis of a “grand ceety physeecian,” who had predicted speedy dissolution for a patient, that “Saunders has been fillin’ his lungs for five and thirty year wi’ strong—air, an’ eatin’ naethin’ but virny oat meal, an’ drinkin’ naethin’ but fresh milk fra the coo, and followin’ the ploo’ through the new turned sweet smellin earth, an’ swingin’ the scythe in hay-time and harvest, till the legs an’ arms o’ him were iron an’ his chest was like the cuttin’ o’ an oak tree.” But there is yet another reason. The country doctor is a dispenser of medicine, a travelling apothecary shop. Being forced to carry a small quantity of drugs he speedily eliminates those that his experience teaches him are useless. He can not carry any of the new tasteless, and generally useless, quinine elixirs, but stirs up the plain sulfate in a tumblerful of water or a cup of coffee. If a purgative is needed the patient does not get some elegant pharmaceutical preparation containing a dozen ingredients, but takes his calomel or epsom salts with satisfactory results.

A young doctor just established in a country neighborhood not long ago showed, with much pride, his stock of medicines to the old man who had ministered to the ailments of half the country for forty years. The old fellow

scratched his head and gave his verdict : " They're mighty nice, and I have no doubt are good in their way, but by the end of a year you wont carry half as many, and by the time you have been here five years you'll find that you can limit yourself to thirty or forty bottles and then find that the stuff in half of 'em will get stale." This may be swinging the pendulum to an extreme, but to an extreme certainly less dangerous than the other. The profession has lived through one era of drugging, and the era of " expectant treatment " that followed. Now we are certainly back again to the excessive medication of our forefathers and the patients of our successors will probably rejoice in that the expectant treatment will be reached again. " Medical opinions travel in cycles "—true, perhaps, but a great reproach to the profession. We should learn to move forward, each generation beginning where the former left off, each trying to do its part, however small, to advance the true scientific knowledge of the profession. To do this we must lead the druggists and not be led by them, must practice rational medication and not poly-pharmacy, must treat our patients as human beings and not as omnivora.

CHRISTIAN SCIENCE.

American Medicine furnishes the following statistics taken from the New York *Herald*, showing the condition of the "Christian Science" sect :

	1890	1891
Number of Church Societies.....	94	623
Number of chartered educational institutions...	33	79
Number of public reading rooms	27	283
Copies of Christian Science text-books in circulation	50,000	205,000
Estimated value of Church property now held in the United States.....	\$12,000,000.00	

Commenting on these startling figures, *American Medicine* says:

" The churches are awakening to the hugeness of this eruption of unchristianity, and ministers everywhere are anathematizing in the plainest of old English words. One says of it in a public address that it reminds him of the guineaepig—'it does not come from Guinae and it is not a pig.' There has arisen a class, who, frightened by its onrush,

say that its phenomenal progress is due to the very opposition it has encountered ; that dogmatism and ridicule help and not hinder it.

That veteran fighter of shams and frauds, Dr. Buckley, of the New York *Christian Advocate*, flatly disagrees :

'Christian Science has been let alone long enough. Its principles, or want of principles should be exposed, its tendencies traced, its unfulfilled promises enumerated, held up to the light. This may lead to the loss of some nominal members of the churches, but to allow this leaven to enter those churches would poison the whole lump. The situation calls for, not persecution, but instruction and warning. Christian Science is *not* dangerous if exposed, it may *become* so if *ignored* or if *treated* as if it were either rational or Christian. We shall soon place in the possession of Methodists the material for aggressive and defensive warfare against this insidious foe to Christianity, science and common sense.'

One excellent result comes from it all ; the lesson to the churches that any alliance with quackery is irreligious folly. It was a needed lesson. We hope they have learned it well."

This last paragraph contains the pith of the whole trouble. It does appear to the casual observer that the churches heretofore have been allied with quackery of every form and name. The patent nostrums of the day have the endorsement of leading divines all over the country. Preachers and congressmen have done more to further the interests of charlatanism in this country than all others combined. I do not believe they are yet fully awake to the magnitude of their folly.

American Medicine considers the condition a disease and suggests "that the eradication of the disease will come in a professional way through prophylaxis, disinfection and antisepsis. All must unite to carry out the law where it exists, or to secure the passage of beneficent medical practice acts where they do not already exist. Disease is a fact. The American people are not such fools as to deny this, and to assent to the idiocy that they can treat disease who know nothing about it, and who deny its existence." Would that these words of Dr. Gould could burn themselves into the minds and hearts of every American citizen. The condition of charlatanism in this country is a serious one, and it is one that must sooner or later be met. It not only affects the purse but it affects the morals of our people. It is the one thing that makes us question the statement that the race is advancing in the scale of civilization.

MEDICAL NEWS AND MISCELLANY.

THE Ohio State Board of Medical Examiners recently dismissed one of its applicants from the room for using a book to secure aid in answering questions.

IT IS stated that the New Orleans Board of Health has decided to begin a campaign against mosquitos. Beaumont oil can be obtained at a minimum cost and will be used extensively. The Board will issue circulars to householders asking their co-operation.

DR. LEE WOOD, formerly of this state, but more recently of Abbeville, La., died at Warsaw, Ark., June 14, after a prolonged illness. Dr. Wood graduated at the University of Tennessee, Nashville, in 1890.

SUMMER COMPLAINTS OF INFANTS AND CHILDREN

From the writings of medical practitioners who devote especial attention to diseases of children, we have compiled a pamphlet which we designate the "Summer Pamphlet." In it will be found many valuable suggestions for the care of infants and children during the heated term.

A COPY WILL BE MAILED UPON REQUEST.

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Colchicin. 1-20 grain.
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Solanin. 1-3 grain. *Soda Salicylate.* 10 grains. *Iodic Acid.* equal to 7-32 grains *Iodine.* Aromatic Cordial. Dose, 1 to 2 drams in water 8-oz. bottle, \$1.00

A powerful alterative and resolvent, glandular and hepatic stimulant, and succedaneum to the iodides. Indicated in all conditions dependent upon perverted tissue metabolism; in lymphatic engorgements and functional visceral disturbances; in lingering rheumatic pains which are "worse at night." Bone, periosteal and visceral symptoms of ate syphilis; for the removal of all inflammatory, plastic and gouty deposits.

A remedy in sciatica, megrim, neuralgias, lumbago and muscular pains; the gouty and rheumatic diathesis; acute and chronic rheumatism and gout; chronic eczema and psoriasis, and all dermic disorders in which there is underlying blood taint.

An hepatic stimulant increasing the quantity and fluidity of the bile. Relieves hepatic and intestinal torpor; does not cause the unpleasant gastric symptoms of potassium iodide.

THREE CHLORIDES (HENRY'S.) LIQUOR FERRISENIC.

Each drachm contains Proto-Chlor. Iron 1-8 gr.; Bi-Chlor. Mercury, 1-128 gr.; Chloride Arsenic, 1-280 gr.; Calisaya Cordial. Dose, 1 to 2 drachms. 12-oz. bottle, \$1.00

An oxygen-carrying ferruginous preparation, suitable for prolonged treatment of children, adults and the aged. Indicated in anemia and bodily weakness, convalescence from acute diseases and surgical operations; boys and girls at the age of puberty, and the climacteric period in women. In children with chorea, rickets, or who are backward in development, or in whom there exists an aversion to meats and fats. Prolonged administration never causes "iron headache."

As an adjuvant for potassium iodide the undesirable manifestations known as iodism can be removed.

Stimulant to the peptic and hydrochloric glandular system of the stomach, especially serviceable in the impaired appetite, nausea, vomiting and other gastric symptoms of alcoholic subjects.

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Nascent Chemic Union of Maizenic Acid — from Green Corn Silk — with Lithium, forming Maizenate - Lithium. Two grains to drachm. Dose 1 to 2 drachms. 8-oz. bottle, \$1.00

A genito-urinary sedative, an active diuretic; solvent and flush indicated for the relief and prevention of renal colic; a sedative in the acute stages of gonorrhœa, cystitis and epididymitis; in dropsical effusions due to enfeebled heart or to renal diseases. As a solvent in the varied manifestations of gout, goutiness and neurotic lithiaemia, periodical migrainous headache, epigastric oppression, cardiac palpitation, irregular, weak, or intermittent pulse; irritability, moodiness, insomnia and other nervous symptoms of uric-acidemia. Decidedly better, more economical, extensive in action and definite in results than mineral waters.

Those cases of irritable heart, irregular or intermittent pulse so frequently met with by insurance examiners and found to be due to excess of uric acid, are special indication for Maizo-Lithium.

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Mr. Dooley's Opinion.

"Father Kelly says "th' diff'rence between Christyan Scientists an' doctors is that Christyan Scientists thinks they're no such thing as disease an' doctors think there ain't anything else. An' there ye ar're." "What d'ye thinks about it?" asked Mr. Hennessy. "I think," said Mr. Dooley, "that if th' Christyan Scientist had some science an' th' doctors more Christyanity it wouldt make anny diff'rence which ye called it—if ye had a good nurse."—*American Medicine.*

New Orleans Polyclinic,

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Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work.

For further information, address DR. ISADORE DYER, SECRETARY, NEW ORLEANS POLYCLINIC, Postoffice box 797, New Orleans, La.

THE announcement of a new outbreak of plague in San Francisco will be viewed with regret. Four cases have already been reported for this new outbreak. The local health authorities, the State Board of Health and representatives of the Marine Hospital Service all agree upon the diagnosis and are working in harmony for its extermination.

TROTTER-BURRESS.

On Monday, July 9, 1901, Dr. C. H. Trotter, of Winona, and Miss Alberta Rutledge Burress, of Baldwyn, were married. Dr. Trotter is well known to the medical profession of this state. For a number of years he has been the efficient assistant recording secretary of the Mississippi State Medical Association, and at the last meeting was unanimously elected recording secretary. He spent last winter in New York, doing post-graduate work. He is an elegant gentleman and very popular, and will win his way in the world. It is said that Miss Burress is one of the most beautiful and accomplished ladies in the state, possessed of a lovely disposition and those graces which go to make up the perfect woman. She is a daughter of the late Capt. William Burress, of Baldwyn. To Dr. and Mrs. Trotter the RECORD extends its hearty congratulations.

Summer Complaints of Infants and Children claim particular attention just now and there is nothing so efficient as the Phillips' Milk of Magnesia in treating many conditions of this nature.

This preparation needs only to be mentioned to bring into mind its special value in correcting excessive acid conditions of the stomach and intestines, as shown in gastro-intestinal irritations, sour stomach, vomiting, diarrhoea, cholera infantum, constipation, intestinal dyspepsia and accompanying disturbances, etc. It is superior to lime-water for addition to milk for bottle-fed babies.

Being a hydrate, Phillips' Milk of Magnesia has the characteristic affinity for acids common to hydrates, and is wholly unlike any other form or preparation of Magnesia, and the prescriber should emphasize that the patient is to have it and see the other products (mostly under the name of "Liquid Magnesia") are not substituted, as these are likely to be harmful. It is free from any carbon dioxide and hence unlike alkaline carbonates, does not distend, or produce concretions in the gastro-intestinal tract. It combines advantageously with vegetable cathartics, astringents, carminatives, etc., and is a reliable vehicle for Salicylates, Iodides, Bromides, Phenol, Creosote, etc., or drugs apt to induce gastric irritability. There are many indications for its use as an antacid and corrective in the alkaline treatment of gouty and rheumatic conditions, particularly in combination with the Salicylates.

For upwards of half a century it has been a Professional sheet-anchor in all conditions—systematic or local—calling for a non-caustic, non-irritating Alkaline-Antiseptic.

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S U R G E O N G E N E R A L ' S O F F I C E .

W A S H I N G T O N , D . C . , J a n . 3 , 1 8 9 0 .

This is to certify that the exact antiseptic strength of "Tyree's Pulv. Antiseptic Comp." is one part of the powder to fifty of water (1:50). Test tubes containing peptonized beef broth were charged with the powder (Tyree's Antiseptic Powder). The solutions were then inoculated with the anthrax bacillus, and with the staphylococci of pus, and the tubes placed in the incubator for 48 hours at a temperature of 39° C. On removing the tubes from the incubator, it was found that in the solutions of one in ten to one in fifty there was no development of bacteria.

W. M. GRAY, M. D., Microscopist to Army Medical Museum.

D R. GRAY is a very scientific man, and has a wide influence and acquaintance-
ship as a microscopist, and we believe that this analysis from him is reflected
wherever **Tyree's Antiseptic Powder** is known, justifying the busy and country
physician, who has neither time, convenience nor inclination to use the complicated
microscopical process, in depending upon **Tyree's Powder** to accomplish the same
results. In all cases of Leucorrhæal and Gonorrhæal discharges it acts at the mini-
mum amount of risk and the maximum amount of haste, whether of a simple
catarrhal non-infectious or of a gonorrhæal syphilitic infectious nature. One tea-
spoonful in a pint of water (cost 2c.) makes a guaranteed anti-bacterial solution. It's
antiseptic but not irritant. It is scrupulously made and its well balanced chemi-
cal adjustment has established its ethical popularity. Sod. bor., alum, ac. carbol., glyc-
erin, the cryst. principles of thyme, eucalyptus, gaultheria, and mentha.

J. S. TYREE : C H E M I S T : W A S H I N G T O N , D . C .

The Early Diagnosis of Locomotor Ataxia.

The poor results derived from the treatment of tabes is often due to the fact that an early diagnosis has not been made or that patients do not apply for treatment in the early stages of the disease. Erb (*Med. Wochenschr.*) details a series of cases which had all been preceded by symptoms of secondary syphilis, some as far back as twenty-four years. In one group of cases the tendon reflexes were normal even after four to seven years' duration of slight lancinating pain, bladder insufficiency, sensory disturbances, easy fatigue, slight pupillary sign and "Rhomberg's Symptom." A second group presented no subjective symptoms whatever, and but very few and almost unnoticeable objective symptoms. Still another group was attended by marked gastro-intestinal disturbances, not typical of tabes, and with bilateral paresis of the sixth nerve and pupil sign. Author insists on the necessity of always investigating the knee-jerk and pupil reflex in suspected cases. Tabetic symptoms with an antecedent syphilis are always serious. Absence of a syphilitic history does not establish the existence of tabes, even though some symptoms may exist. For the pains in tabes dorsalis, Antikamnia & Salol Tablets have been found most excellent when given in doses of two tablets every two or three hours. The antikamnia acts particularly upon the spinal cord and its sensory tracts, and consequently takes the place of opium and its alkaloids so often used to relieve patients subject to these attacks. The favorable effect of salol in this and similar conditions is well-known.

SELECTIONS.

Hyperemesis Gravidarum.

BY J. W. P. SMITHWICK, M. D., LAGRANGE, N. C.

This is a disorder that occurs during pregnancy, and in most cases is confined to the earlier stages. It may be said that nausea and vomiting are, to a certain extent, normally associated with the pregnant condition of the female, but in some instances it assumes such proportions that it not only becomes pathological, but extremely dangerous. It may vary in severity from a slight "morning sickness" to an extreme state of nausea and vomiting, so that nothing will remain in the stomach, and even the thought of food will cause retching. The diagnosis of this condition presents no difficulties; the conditions of the nausea and vomiting being present and associated with pregnancy are sufficient. In some of the more severe cases, if allowed to progress, the emaciation and exhaustion soon become a matter of no small moment and, unless the trouble is brought to a termination, death may occur as a result.

Hundreds and hundreds of things and remedies have been recommended and used for its alleviation, but the experience has been that in most of the severe cases the gravid uterus has to be emptied of its contents to secure relief. In a great many other cases less severe and desired relief comes from less radical measures.

In the treatment of pernicious vomiting of pregnancy it is usually the custom to put off the radical means, that of producing abortion, as long as possible, and in following one is sometimes confronted with a very grave condition of affairs. The suffering woman is too weak and too much exhausted to stand the operation, and death seems inevitable unless it is done. I had one such case as that, and I well remember what a predicament I was placed in. I had consultation and we performed the operation of abortion, which seemed the only means of relieving the woman, but she was too much exhausted, and died from its effects. Since that experience I have made it a point to keep on the safe side as far as possible. Of course it is desirable to save the life of the child if possible, but it is not at all desirable to sacrifice the lives of both mother and child simply to give it a chance.

As I stated, numerous remedies have been recommended for the treatment of this condition, but I find that Ingluvin, manufactured by Wm. R. Warner & Co., of Philadelphia, Pa., gives me the best clinical results. I have frequently seen patients who would vomit immediately upon taking anything into the stomach almost relish this preparation, and the vomiting immediately cease, irrespective of its primary cause. Having had such good results with it in the various forms of nausea and vomiting, I was induced to try it in the vomiting of pregnancy, both physiological and pathological, and have had excellent results up to date. In those patients in whom vomiting amounts to nothing more than the "morning sickness," which may be considered physiological, I have found it to give a very great amount of relief, as well as in others, when it becomes to be pathological. It relieves the nausea and increases the

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appetite and assimilation to a marked degree, so that the patient's system is put in an excellent condition to undergo the ordeal of labor. By relieving the nausea and increasing the assimilation and digestion it aids in regulating the functions of the liver and kidneys, and other emunctories of the organism, thereby overcoming all tendencies to the occurrence of postpartum complications and eclampsia.

I relate a few cases which I have treated to illustrate especially the results I have had with the use of Ingluvin, as follows:

Mrs. Mary —, aged 22, primapara. Began suffering, presumably about the third week of pregnancy, with nausea and vomiting of rather a severe type. I called and administered some of the customary remedies, but she continued to grow worse, until about the tenth week, when I was seriously considering within myself the propriety of inducing an abortion. However, having had good results with the use of Ingluvin in nausea and vomiting due to other causes, and associated with other conditions, I determined to test it in this case. I prescribed it in fifteen grain doses every four hours. The first dose was retained, quite to my surprise, as hitherto she had vomited everything taken into the stomach, and the only way she could retain anything, even for a short time, was to take it immediately after a vomiting attack. From this time she began to improve, being troubled only occasionally with nausea and vomiting, until she finally recovered. She gained about twelve pounds in weight, and went through the remainder of the pregnancy and the period of confinement without any difficulties.

Mrs. S —, aged 32. This was the third pregnancy. She had been troubled no little with nausea and vomiting during the preceding pregnancies, but at this time the condition was very greatly exaggerated beyond what it had been. She consulted me during the sixth week, stating there were very few times she could retain either food or drink in her stomach. Her bowels were constipated, skin thick and sallow in appearance, and tongue heavily coated. She was much emaciated, and in low spirits, as she had had some difficulty with former births, all being instrumental deliveries, due to inertia of the uterus. I prescribed Ingluvin in three daily doses of fifteen grains each. In one week she reported she was improving rapidly, having only had, during that time, two spells of nausea and vomiting. Her appetite was good, and she could retain almost anything she desired for food. Her bowels were in an active condition, and skin much better in appearance. Her spirits were decidedly more buoyant. I directed her to continue the medicine in the prescribed dose until near the time of confinement. She did so, and I attended her. The labor was perfectly normal in all respects, and was a short one when compared with her previous ones, lasting about six hours. Convalescence was rapid, and recovery complete, and she stated that she never felt so well that early after confinement. I attribute all the improvement in this individual case to the use of Ingluvin, being fully convinced of its value as a therapeutic agent.

Mrs. Sarah G —, aged 24. Second pregnancy. I was called in consultation in this case for the purpose of considering the propriety of inducing an abortion on account of pernicious vomiting. I found the patient in a very weak and exhausted condition, due to almost incessant retching and vomiting. She has been unable to retain anything in the stomach, in the way of food for the last three weeks, and rectal alimentation had been resorted to, but now the rectum had rebelled, and there seemed nothing left that held out any hope of relief at all except an induced abortion. This was the only thing left to do in the mind of her medical attendant, but I am sure that death would have resulted. I advised the administration of Ingluvin in doses of fifteen grains every three hours, and very small quantities of such nourishment as she most desired. The first dose was promptly vomited, as everything else had been for the past few weeks, but it was immediately repeated and was retained. From this time on there was no trouble in retaining the medicine, though

The extreme caution that is necessary in the treatment of anaemia and other wasting diseases during the heat of summer is the best justification for the almost universal use of Scott's Emulsion in such cases at that period of the year.

SCOTT & BOWNE, 409 Pearl street, New York.

her stomach was very weak for the first few days, and only very small amounts of nourishment could be taken and retained. Once or twice during that time she had severe vomiting spells, but they eventually passed off, and she did well the balance of the term, and was delivered of a healthy baby. There was no post-partum trouble.

I frequently administer Ingluvin to my patients who are in a pregnant condition, and are suffering with nausea and vomiting of a mild degree, and find that it gives a very great amount of relief and comfort. They gain weight during its administration, and their systems are put in a healthy condition, and they are much better prepared and able to stand the strain of labor than those who have not taken the preparation. I never had a patient have eclampsia after taking Ingluvin, which, of itself, is no small recommendation for it. Ingluvin has, on every occasion, served my purpose well; indeed, far better than anything else I have ever tried, and I heartily recommend it to the profession.—*Southern Medical Journal.*

The Anodyne Treatment of Acute Peritonitis.

McCaffrey (THE ETIOLOGY, PATHOLOGY AND TREATMENT OF ACUTE PERITONITIS,") observes that the most pronounced indication of treatment in peritonitis is that for the relief of pain. Blisters, and counter irritation, the older resorts are practically useless. Hot water bags and poultices are far superior, but the relief they afford is only temporary. In some cases the ice bag is more grateful than hot applications. But whether hot or cold is employed, it should be relied upon only until other lines of treatment can be instituted. Papine should be given in teaspoonful doses every hour, and the doses repeated frequently enough to afford the desired results. Relief from pain, short of narcosis, should be sought, and this is generally easily obtained by proper dosage. Papine does not produce nausea, but rather prevents this symptom. In the event of the development of more or less prostration, a proper stimulant, such as strychnine or nitro-glycerine, should be judiciously employed.—*Medical News.*

What American Rule Has Done for Cuba's Health.

"The pest of yellow fever has been combated with such vigor in Cuba that not a single death has been reported as resulting from it this year," Colonel J. B. Hickey is reported as saying recently. The colonel served as an assistant adjutant-general on the staff of General Wood at Havana. He continued: "The reason that yellow fever has been so successfully overcome is because of the efficient sanitary methods employed by the United States health officers. Havana itself has been revolutionized as regards its sanitary condition.

Recent experiments having proved that yellow fever was to a great degree transmitted by mosquitoes bred in the tropical swamps and the cesspools, drastic means were employed to kill these insects. The streets and sewers in Havana and other cities of the island were sprinkled with kerosene, with the most satisfactory results. True, the time of greatest infection from yellow fever is later in the year, between the months of July and October, but I feel assured that this year will end as it has continued thus far, with no deaths from this scourge. This means in many ways the salvation of Cuba, for if the danger of yellow fever is eliminated thousands of Americans will settle in the island.—*New York Medical Journal.*

Remarks from One of the Most Successful Physicians in Georgia.

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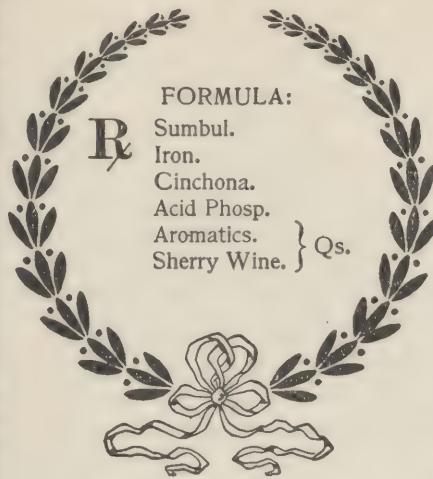
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Mississippi Medical Record.

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ORIGINAL CONTRIBUTIONS.

STRANGULATED HERNIA--REPORT OF TWO CASES. ✓

BY LOUIS D. DICKERSON, M. D., McCOMB, MISS.

Case number I. Chas. H. On the shady side of seventy-Oblique Inguinal Hernia of twenty years standing. While returning to work April 28, 1898 lost balance (having lost one leg in the late contest) fell and was afterwards unable to reduce. The late Dr. W. P. Gatlin was called and after repeated attempts failed at reduction. On April 30th, I was called in consultation, reduction still impossible, and

an operation was advised but declined. Sent for priest and had "a heart to heart" talk with him and patient but without result.

We left, feeling that we had no other recourse. May 2d we were sent for to find patient with temperature 103, pulse 140 and intermittent, and vomiting continuously, anxious for operation. We felt that it was entirely too late to save patient, and refused to operate, but he and family insisted and relieved us of all responsibility. Ether was given, preceded by a hypodermic of strychnine and digitalin, one sixtieth of a grain of each, patient prepared in the usual way.

We cut down upon tumor, layer after layer, until sack was exposed, opened, found contents healthy and returned to abdominal cavity. Because of prolonged strangulation, age and condition of patient, we only hoped to add a few more years to an already rather lengthy life; hence wound was closed with no attempt at closing hernial opening. Patient rallied from operation nicely. May 3d, nine A. M., bowels moved during night, temperature normal. Stitches removed on sixth day after operation. Patient up two days later.

Case number II. Mariah P. Colored, age unknown, mother of sixteen children, Umbilical Hernia of adult class. Was called to see her July 2, 1901, found her suffering from strangulation following a hard day's washing, a large edematous mass at navel—after considerable manipulation the mass became soft and seemed to have been reduced. Patient weighed 205 pounds, and fat, together with the edema and natural tendency to believe a thing is right that should be, caused me to leave her alone.

July 4th was called again to find patient suffering great pain with all the symptoms of intestinal obstruction. Upon examination found that after my last visit she had applied a bandage made of a strip of cloth about four inches wide, with a piece of cigar box between folds say about four by four inches, this drawn as tightly around her as one of neighboring women could draw it. Operation was advised, with hope that notwithstanding pressure from strangulation of seventy two hours, and bandage the gut was still alive.

July 5th, (eighty-six hours after strangulation) Dr. J. M. Alford and myself opened the abdomen to be met only by a gush of gas and peritoneal fluid as foul as could be im-

agined. Upon further exploration we found gut covered with gangrenous patches from one-half to one and a half inches in diameter, for probably six inches of length. In the dilemma—shall we return or resect the gut, form an artificial anus, or you might say in our desperation, for it seemed that we already had a peritonitis—we decided to return the gut and close wound.

We closed pillars of ring with deep course silk, then wound with the subcuticular suture, told family that patient would die. July 6th bowels moved during the night after a dose of castor oil :

9	A. M., (July 6th)	temperature	100	pulse	98
6	P. M., " "	"	101	"	100
10	A. M., (July 7th)	"	99	"	92
6	P. M., " "	"	100½	"	98
9	A. M., (July 8th)	"	99½	"	96
7	P. M., " "	"	101	"	100
9:30	A. M., (July 9th)	"	101½	"	100
3	P. M., " "	"	102	"	154

With this gradual rise in temperature wound was explored to find a welling up of green foul pus. We removed a stitch for drainage and boiled out with hydrogen peroxide.

July 11th, temperature normal, patient up tenth day after operation. The hernial sack was evidently source of infection, we unconsciously mopped out all fluid before removing stricture, the gut was sterile and the gangrene involved only a part of external coat, in which circulation returned after being replaced. We shut sack off with our deep sutures thereby limiting infection to sack between two rows of sutures.

It is now twenty-six days since operation and patient in perfect health. Has had two or three attacks of colic, a probable result of peritoneal adhesion.

* THE TRANSMISSION OF YELLOW FEVER.

BY H. H. HARALSON, M. D., VICKSBURG, MISS.

One month ago you listened to two able papers on this subject, one by Dr. J. H. Purnell, an ex-president of this association, the other by Dr. Joseph Waldauer, late of this city, but now of Shreveport, La. These gentlemen said all that could be said in favor of the fomites theory of the transmission of yellow fever. A keen interest now centers in this subject on the part of scientists, in almost every civ-

*Read before the Vicksburg Medical Association July 9, 1901.

ilized land under the sun, and it seems to me, being directly concerned in the question as we are, it demands of us a very careful consideration.

It is proposed as briefly as possible, to consider the theories held by the profession during the nineteenth century, and up to the time when Reed, supported by incontrovertible demonstration, proclaimed two great truths regarding the transmission of yellow fever that almost startled the scientific world, so radical and revolutionary are they.

The following laws, laid down by Macdonald, are quite in keeping with the views of a majority of the profession during the latter part of the nineteenth century:

1. "That the first place or the first person, or both, must have become infected, some how or some where.
2. That by veritable, but unknown or rather untraced links with this source places having become infected may infect persons.
3. That persons infected may infect other persons or places previously presumed to be healthy.
4. That clothing of infected persons or of healthy persons having communicated with infected places or persons may impart infection to other places or persons.
5. That if places were movable, like persons (which is literally true of ships), on being infected, they would impart the virus to other places in sufficiently close proximity."

Some of these laws at least, it would appear are strongly supported by the observation of sanitarians. There are many recorded circumstances of the introduction and transmission of yellow fever that are hard and possibly impossible to explain after the lapse of so many years upon any other hypothesis than one of the above laws.

It must be borne in mind however, that heretofore all conclusions as to the introduction of the disease into healthy localities, and the transmission of the disease from one person to another were after all only problematical. Not until 1900 was there ever a positive, incontrovertible demonstration made as to the method of the transmission of the disease in any case. The direct evidence now before us is conclusive as to its transmissibility by the mosquito. It is not the purpose of this paper to endeavor to reconcile the theory of Reed with antecedent evidence as to its transmission. It is

not necessary to show any such reconciliation. The direct evidence as to its transmission by the mosquito settles beyond controversy this question.

The report of Reed led me to make an investigation of the views held on this subject by the older writers, and I freely confess that a study of some old dusty volumes was a revelation to my mind. I find accurate descriptions and conditions now known to exist in this disease that I had accepted as of recent discovery. I have no doubt but that a careful study of the literature of the past encouraged Reed and his co-workers in positively declaring that yellow fever is not transmitted by fomites. They have only reiterated a declaration that was made nearly a century ago. We must know what has been done if we wish to progress from the known to the unknown.

In 1859 the following resolution was adopted by a national quarantine and sanitary convention held in the city of New York :

"Resolved, That in the absence of any evidence establishing the conclusion that yellow fever had ever been conveyed by one person to another, it is the opinion of this convention that the personal quarantine of cases of yellow fever may be safely abolished, provided that fomites of every kind be rigidly restricted."

I think it proper to call your attention to the accepted meaning, in the first half of the nineteenth century, of the word "fomites" which appears in the above resolution. Flint says that the word in this resolution is considered as embracing the presence in clothing, bedding, merchandise, etc., of miasms other than those generated in the body. The theory then, as expressed in this resolution, which embodies the views of the profession during the first half of the nineteenth century, is that clothing, bedding, merchandise, etc., cannot be infected by persons sick with or dead of yellow fever, but may be infected by the place where the disease exists. The theory expressed in the laws laid down by Macdonald, which embodies the views of the profession during the latter half of the nineteenth century, is, that clothing, bedding, merchandise, etc., can be infected by persons sick with or dead of yellow fever and also by places where the disease exists.

From the beginning to about the middle of the last century the views of a majority of the profession as to the transmission of yellow fever, and as to what constitutes fomites might be summed up about as follows:

1. The first place must have become infected some how.
2. Places having become infected may infect persons.
3. Clothing, bedding, merchandise, etc., having become infected may impart the infection to other places susceptible to such impartation.
4. Ships on being infected may impart the infection to places in sufficiently close proximity, provided the place is susceptible to the infection.
5. No articles of clothing, bedding, or merchandise, can be regarded as fomites unless they contain miasms other than those generated in the bodies of persons sick with or dead of yellow fever.
6. Miasms generated in the bodies of those sick with or dead of yellow fever cannot impart the disease, and all clothing, bedding, merchandise, etc., containing only such miasms cannot be regarded as infected.

These views were embraced at the time when the profession abandoned the theory of contagion, or at about the close of the eighteenth or the beginning of the nineteenth century. By the middle of the nineteenth century there were very few members of the medical profession who held to the theory of contagion. The closest observers of the disease at that time freely contended that it could not be transmitted by clothing, bedding, articles of merchandise, etc., if such articles contained only miasms generated in the bodies of those sick with or dead of yellow fever. Numerous experiments were made to test the question of the communicability of the disease by inoculation, by swallowing black vomit, by the utmost possible exposure and they all lead to negative results.

In 1805, Don Cabanellos, a Spaniard, who did not believe in the transmissibility of the disease by fomites, slept a night with his children in beds in a Lazaretto, in which yellow fever victims had died. A number of galley slaves accompanied him. The whole party amounted to fifty and not one contracted the disease.

Following are the recorded observations of the 1828 epidemic at Gibraltar by Gillkrest:

Near the town, "on the sandy plane called neutral ground, several thousand of the civil population, as well as three regiments of infantry and some sappers, were placed under canvas or in huts soon after the epidemic made its appearance; on two plateaux, situated at different elevations on the southern extremity of the rock (Windmill-hill and Europa-flats) three other regiments, with a detachment of artillery, were also encamped. Although very great intercourse subsisted during several weeks between the places where the disease prevailed and the three points here specified; and though up to the appearance of the last case, there were no measures in force which could be considered efficient in a disease avowedly contagious—for medical men fresh from their full wards were daily in contact with the healthy persons in the camps,—still the disease did not attack the persons on the neutral grounds, or on the plateaux, unless duty or occupation obliged them to pass certain limits, and respite, for a longer or shorter time, the atmosphere of particular localities—the part of the town itself, called the 24th district, being the most dangerous of any.

It was shown that, though many individuals who had been in close contact with the sick in the town, had removed to camp, taking with them their bedding and some furniture, no spreading of the disease in the camps or huts took place. Up to about the 20th of October, the convalescents underwent no process of purification previous to their being sent from hospital to their respective camps. By reference to Mr. Hugh Fraser's papers it will be seen that this gentleman, who was surgeon in the city hospital, had for want of room been obliged to discharge a great number of persons from the establishment before their convalescence had been well established,—some indeed with hemorrhage from their mouths, several of these people took with them articles of bedding to the small tents and huts in which their relatives resided, without the disease having been transmitted to the latter. By Mr. Amiel we are shown that his regiment (the 12th) became soon free from cases after they encamped on the neutral ground, a few only having occurred among men who may be supposed to carry out the seeds of the disease in their system;—that so long as this regiment sent no men into the town on duty, no attacks took place; but when the town duty was resumed, cases again occurred, and exclusively among those men who had been so employed. He gives us the important fact, that ninety-two women of the regiment and one hundred and ninety children, who never were allowed to repass Bay-side barrier, continued perfectly healthy,

and one woman only, who during the period obtained leave to enter and stay a few days in the garrison, caught the fever and died of it. Several of these women passed the night in the beds with their husbands, attacked with and laboring under the epidemic fever; and besides continued, as well as their numerous children, to use the same bedding after the men had been removed to the hospital; but in no instance was the disease contracted by the wife or children after the full exposure. We took great pains to procure the names of women who washed for the sick of the army during the epidemic and it can be confidently stated that the result of the enquiry was quite in opposition to the doctrine of the disease being communicated indirectly by means of articles of dress, etc."

Gillkrest was evidently convinced during this epidemic that the disease was not contagious, and also that it was not transmitted by clothing, bedding, etc., or what we now term fomites. He considered this epidemic an *experimentum crucis*, on such a scale as to give it the highest importance in the eyes of the profession. In view of the recent experiments made by Reed in Cuba it should, at this time, certainly occupy a more important place in the minds of the profession than ever before.

LaRoche says: "In relation to the yellow fever, we find so many instances establishing the fact of non-transmissibility of the disease through the agency of articles of the kind mentioned, and of merchandise generally, that we can not but discredit the accounts of a contrary character assigned in medical writings, and still more to those presented on the strength of popular report solely. For if, a large number of well established cases, such articles have been handled and used with perfect impunity—and that too, often under circumstances best calculated to insure the effect in question—we have every reason to conclude, that a contrary result will not be obtained in other instances of a similar kind; and consequently the effect said to have been produced by exposure to those articles, must unless established beyond the possibility of doubt, be referred to some other agency."

It is certainly not my desire to do any man an injustice, and I do not believe I am doing Dr. H. R. Carter of the Marine Hospital Service an injustice when I state that I have seen some where in print, or have heard him make the statement that there is no evidence on record to satisfy his mind that yellow fever was ever transmitted by articles of merchandise. We all know that he holds very liberal views

along this line, and that it was largely through his influence that so many articles escape disinfection under the Atlanta Regulations. I believe I can, with perfect justice to this great sanitarian, say that his opinion has been that places are nearly always infected by persons and not by fomites. More recently in published letters and papers he practically concedes that mosquitos can transmit the disease. He evidently does not desire being quoted as opposing the mosquito theory.

In the *Medical Record*, N. Y., June 15, 1901, is published a paper by Surgeon Carter.—“A Note on the Spread of Yellow Fever in Houses, Extrinsic Incubation,” of unusual interest. This paper was written before Major Reed published his experiments and therefore could not have been intended as an argument in support of the mosquito theory of the transmission of yellow fever, yet Surgeon Carter himself in a paragraph subsequently written says: “Reed’s theory agrees absolutely with the conclusions of this paper.”

The time that must elapse from the development of the first, or infecting case in a house termed by Carter “the period of extrinsic incubation,” corresponds to the time Reed found to elapse from the infection of the mosquito by biting a yellow fever patient to the time it, the mosquito, became capable of communicating the disease to man. Reed places this period definitely at not less than 12 days and up to 57 or more days. Carter places the period of “Extrinsic incubation” based upon observations in North Mississippi in 1898 at from 12 to 23 days which he claims is tentative and approximative only. From the following the inference is that he places more confidence in Reed’s experiments than he does in his own observations: “As is natural, experiments which one makes, and of which he controls all the conditions, give conclusions much more definite, and hence more valuable than we are apt to obtain by observing never so painstakingly experiments which are accidentally made for us in the ordinary course of an epidemic.”

Carter says that the only way to show that a place cannot communicate disease is to show that it does not communicate it. Why not reverse this proposition now since Reed has shown positively that the mosquito does communicate yellow fever and say that the only way to show that a place can communicate disease is to show that it does communicate it. It is not incumbent upon the mosquito theory advocates to show that fomites do not convey yellow fever, although Reed has done this, but it is incumbent on fomites

theory advocates to show that fomites do convey the disease. Reed has pointed out the medium through which the disease is transmitted. He has demonstrated this, showing that a certain environment will produce a definite result. Let the fomites theory advocates now eliminate the mosquito and demonstrate that *place*, having passed the period of extrinsic incubation does communicate yellow fever. Definite etiological conditions ought always to produce definite pathological results. If fomites will convey yellow fever to-day, under the same conditions it ought to produce yellow fever to-morrow. If clothing, bedding, etc., exposed to yellow fever patients in places having passed the extrinsic incubative period will convey the infection of yellow fever to places or non-immune persons to-day, they ought under the same conditions do the same thing to-morrow. If an agent is responsible for a disease, this agent, under similar conditions should produce the disease in every case. If fomites is the agent that transmits yellow fever then fomites under similar conditions should transmit the disease in every case, susceptibility of course being included as one of the requisite similar conditions. Do fomites do this? Do they do it in half the cases? Do they do it one time in ten? No, not one in twenty, according to my observation, and the observation of other physicians who have had the opportunity of observing do they appear to do it. Then how can fomites as an etiological factor in yellow fever be longer taken seriously into consideration? The pity is that Surgeon Carter does not speak out plainly his convictions on this question.

The following letter from Surgeon Carter to the *Journal of the American Medical Association* is also of some interest, because taken in connection with his paper referred to above one might very reasonably conclude that he accepts the mosquito theory of the transmission of yellow fever:

BALTIMORE, Md., April 20, 1901.

To the Editor:—Relative to the editorial notice in *The Journal* of the 13th, on a paper of mine that appeared in the *Philadelphia Medical Journal* of April 6, "on the Correlation of the Theory of Conveyance of Yellow Fever by the *Culex Fasciatus*, with our Generally Accepted Beliefs," I would say:

1. My paper was written about the first of December last, when Finlay's experiments and Major Reed's "Preliminary Note" were the only direct evidence extant in favor of the conveyance of yellow fever by the mos-

quito as a host. Neither of these seeming to me—nor, I think to others—fully convincing. I attempted to compare this theory, without regard to this evidence, with what was known and admitted on the subject to try to determine if it were antecedently probable or improbable. The paper is confined to a bare statement of the case, purposely avoiding summing up, although I think a decided antecedent probability was shown for the theory. Since the publication of Reed's "Additional Note" (in February) this matter—the antecedent probability of this theory of conveyance—is of small importance. The direct evidence for it is satisfactory and, counting the conveyance of yellow fever from the sick to the well by a mosquito host as proven by such evidence, there is no question of probability to consider. 2. I can not think that the period of incubation of yellow fever will be found to vary analogously to that of malarial fever. In thirteen cases of experimental yellow fever, reported by Reed, the period of incubation was never over six days: in ninety-five collected and recorded by myself (*Medical Record*, March 9, 1901), in none did this period show over eight days. We have no trustworthy evidence of an incubation period much beyond the limits given above. Save the transmission by a host, there is little analogy between yellow fever and malarial fever. There is no chronic yellow fever, there is no recrudescence of yellow fever in a patient; there are no "hold over" cases of yellow fever; and, finally, there is a very general—almost universal—immunity to yellow fever produced by one attack. To my mind the analogy is rather with Texas cattle fever than with malarial fever.

Respectfully,
H. R. CARTER, Surgeon, U. S. M.-H. S.

The suggestion in this letter of the analogy of yellow fever with the Texas cattle fever I take it, is not original with Surgeon Carter. W. Gillman Thompson, in 1893, *American Text Book of the Theory and Practice of Medicine*, discussing the etiology of yellow fever, says: "There are some features of close analogy between yellow fever and the Southern cattle plague or Texas fever."

Surgeon Carter has possibly had a more extensive and varied experience with yellow fever than any man living. He is a physician and sanitarian of ability, and his opinion on this and all sanitary questions will always receive my careful consideration.

As coming under my own observation, I desire to make the statement that in 1898, at Oxford, Miss., after yellow fever had become epidemic there, about five hundred persons, colored, were moved out of the town some eight miles, and placed in tents at "Camp Haralson." Many of these people were taken from houses where yellow fever had been and where it then existed, and carried with them

their clothing, and some their bedding, which were not disinfected. During the first five days out, eight cases developed in camp, but not one developed after being out of Oxford more than five days. After a diagnosis of the cases that developed in camp could be made, the patients were moved to the hospital tents, about two hundred yards away but no sanitary precautions were taken with the bedding left in the tents where the cases developed. The use of the bedding was continued by other members of the family and yet in no instance was the disease transmitted to them.

My observation in yellow fever convinces me that there is no danger in carrying the infection from place to place through the medium of clothing worn by healthy persons. I do not believe there is an authenticated case on record where the disease was carried in this way, and it does seem to me if such clothing can become a medium for the transmission of the disease, in the thousands of instances where physicians and health officials have gone from persons sick with this disease to healthy persons and even into their own homes, there would be sometimes other than negative results. Every one of us endorse these views in practice. We are either criminally negligent or else we honestly hold that the clothing worn by us are not fomites and cannot become such. Day after day, night after night we have gone from what we considered infected houses, from the bedsides of those sick with, dying, or dead of yellow fever, and from autopsies held in infected localities, into homes where the disease did not exist without changing clothes or without disinfecting. How often we have had the question asked us by laymen, "how is it, doctor, that you can attend those sick with yellow fever and then go into homes where it does not exist and never carry the disease to these homes?" If negative results always attend such acts is it not reasonable to conclude that the clothing we wear under such circumstances can not become a medium for the transmission of the disease? If they cannot become a medium under such circumstances then how can they, or bedding, or articles of merchandise be so treated as to become such? I go into homes day after day for weeks, and into a locality where the disease is raging, wearing the same suit of clothes each day without change or without disinfection. I go among healthy non-immune persons and never transmit

the disease. I take the clothes off and send them to a healthy locality. Why should they then become fomites, or why should they then become imbued with the power of transmitting the disease? While wearing them I had handled patients sick with yellow fever, I had prepared the dead for burial, I had held autopsies, and while doing this I had mingled with healthy non-immune persons and had never in a single instance conveyed the disease. Would it not be irrational in the extreme to conclude that by the simple act of separating my body from these clothes they would then become possessed of the power of transmitting the disease? We have seen with our own eyes, a hundred times over, similar demonstrations as those made by Reed and his co-workers. We know many such demonstrations have been made and recorded by physicians during the last century and a half, yet we still cling to the theory that clothing, etc. is a medium for the transmission of yellow fever. For years we have been blindly accepting laws, rules or dogmas on the question of the transmission of yellow fever. This is quite contrary to the action of the medical profession on other scientific questions. Usually instead of asking for unsupported precedents or dogmas, we ask for demonstrations. The medical profession, I do believe, is the most progressive of any profession, trade or calling in the world to-day. There was a time when the members of this profession clamored for precedent, when it clung as persistently to dogmas of the past as does the legal profession at this time. That time is passed with us, and we now stand ready to embrace new suggestions, and especially is this true when these suggestions are fortified by demonstrations.

With all its progress and wonderful advances however, there are men in the medical profession to-day who discredit the discovery of Edward Jenner. A hundred years hence and there may be men in the medical profession who will discredit the truth, proclaimed a few weeks ago, by Reed and his co-workers on the transmission of yellow fever, but in less than a decade a majority of the profession will confess that the mosquito and not clothing, bedding, and articles of merchandise from localities where the disease exists is responsible for its transmission. I know that the theory is revolutionary. I know that it is radical in the extreme, but

it is rational and is supported by incontrovertible demonstration.

Dr. Charles Finlay of Havana, in 1881, conceived the idea that yellow fever was conveyed from one person to another by mosquitoes. He was meet by strong opposition but never abandoned his position. In June, 1900, the Surgeon General of the United States Army appointed a commission for the purpose of making investigations of acute infectious diseases which prevailed in the Island of Cuba. This Commission was composed of Drs. Walter Reed, James Carroll, Aristides Agramonte, and J. W. Lazear. Failing to isolate the *Bacillus icteroides*, they turned their attention to the mosquito theory of the transmission of the disease. In a preliminary report they stated that "the mosquito serves as the intermediate host for the parisite of yellow fever, and it is highly probable that the disease is only propagated through the bite of this insect." This conclusion was not favorably received by the profession. There was a feeling that the investigation was not sufficiently thorough to justify the conclusion of the Commission. The investigation was continued, and at the recent Pan-American Medical Congress, the Commission made an additional report, confirming the first. It is to this last report that I now desire to call your attention.

For the purpose of the experiments of the Commission "there was erected at Camp Lazear a small frame house consisting of one room 14x20 feet, and known as 'Building No. 1' or the 'Infected Clothing and Bedding Building!'. The cubic capacity of this house was 2800 feet. It was tightly ceiled within with 'tongue and grooved' boards and was well buttoned on the out side. It faced to the south, and was provided with two small windows, each 26x34 inches in size. These windows were both placed on the south side of the building, the purpose being to prevent, as much as possible, any thorough circulation of the air within the house. They were closed by permanent wire screens of .5mm.mesh. In addition, sliding glass sash were provided within, and heavy wooden shutters without; the latter intended to prevent the entrance of sunlight into the building, as it was not deemed desirable that the disinfecting qualities of sunlight, direct or diffused, should at any time be exerted on the articles of clothing contained within this room. Entrance was effected through a small vestibule, 3x5 feet, also placed on the southern side of the house. This vestibule was protected

without by a solid door and was divided in its middle by a wire screen door, swung on spring hinges. The inner entrance was also closed by a second wire screen door. In this way the passage of mosquitoes into the room was effectually excluded. During the day, and until after sunset, the house was kept securely closed, while by means of a suitable heating apparatus the temperature was raised to 92° to 95° F. Precaution was taken at the same time to maintain a sufficient humidity of the atmosphere. The average temperature of this house was thus kept at 76.2° F. for a period of sixty-three days."

From the above statement we can but conclude that this house certainly possessed every necessary condition to receive infection. It was tightly constructed, without means of ventilation, kept at a temperature for sixty-three days above 76° F. with sufficient humidity of the atmosphere. It was kept closed during the day, excluding all sunlight. What more was needed to insure a successful infection? Surely nothing according to the ideas of the profession on infection during the last half century.

"November 30, 1900, the building now being ready for occupancy, three large boxes filled with sheets, pillow slips, blankets, etc., contaminated by contact with cases of yellow fever and their discharges were received and placed therein. The majority of the articles had been taken from the beds of patients sick with yellow fever at Las Animas Hospital, Havana, or at Columbia barracks. Many of them had been purposely soiled with a liberal quantity of black vomit, urine and fecal matter. A dirty 'comfortable' and much soiled pair of blankets, removed from the bed of a patient sick with yellow fever in the town of Quemados, were contained in one of these boxes. The same day at 6 p. m., Dr. R. P. Cooke acting assistant surgeon U. S. A., and two privates of the hospital corps, all non-immune young Americans, entered this building and deliberately unpacked these boxes, which had been tightly closed and locked for a period of two weeks. They were careful at the same time to give each article a thorough handling and shaking in order to disseminate through the air of the room the specific agent of yellow fever, if contained in these fomitories. These soiled sheets, pillow slips and blankets were used in preparing the beds in which the members of the hospital corps slept. Various soiled articles were hung around the room and placed about the bed occupied by Dr. Cooke.

From this date until December 19, 1900, a series of twenty days, this room was occupied each night by these

three immunes. Each morning the various soiled articles were carefully packed in the aforesaid boxes and at night again unpacked and distributed about the room. During the day the residents of this house were permitted to occupy a tent pitched in the immediate vicinity, but were kept in strict quarantine.

December 12, a fourth box of clothing and bedding was received from Las Animas Hospital. These articles had been used on the beds of yellow fever patients, but in addition had been purposely soiled with the bloody stools of a fatal case of this disease. As this box had been packed for a number of days, when opened and unpacked by Dr. Cooke and his associates, on December 12, the odor was so offensive as to compel them to retreat from the house. They pluckily returned, however, within a short time and spent the night as usual.

December 19, these three non-immunes were placed in quarantine for five days and then given liberty of the camp. All had remained in perfect health notwithstanding their stay of twenty nights amidst such unwholesome surroundings."

After these three non-immunes had left this house, additional articles removed from patients sick with yellow fever and from beds on which patients had been sick with the disease were placed in this house. These additional articles were very much soiled and were as thoroughly contaminated as possible. During the following forty days, four other non-immune persons occupied this house, averaging twenty nights each, and not one contracted the disease. Their efforts to infect the house had completely failed.

Continuing the commissioners ask this question: "How does a house become infected with yellow fever?" and in reply they say: "This we have attempted to solve by the erection at Camp Lazear of a second house known as 'Building No. 2' or the 'Infected Mosquito Building.' This was in all respects similar to 'Building No. 1,' except that the door and the windows were placed on opposite sides of the building so as to give through and through ventilation. It was divided also by a wire screen partition, extending from floor to ceiling, into two rooms 12x14 feet and 8x14 feet respectively. Whereas all articles admitted to 'Building No. 1' had been soiled by contact with yellow fever patients, all articles admitted to 'Building No. 2' were first carefully disinfected by steam before being placed therein.

On December 21, 1900, at 11:45 a. m. there were set free in the large room of this building fifteen mosquitoes—C.

fasciatus—which had previously been contaminated by biting yellow fever patients as follows: 1, a severe case, on the second day, November 27, 1900, twenty-four days; 4, a mild case, on the first day, December 13, 1900, eight days; 3, a well marked case, on the first day, December 13, 1900, twelve days; 7, a well marked case, on the first day, December 16, 1900, five days—total 15.

Only one of these insects was considered capable of conveying the infection, viz.: the mosquito that had bitten a severe case twenty-four days before; while three others—the twelve day insects—had possibly reached the dangerous stage as they had been kept at an average temperature of 82° F.

At 12, noon,——, a non-immune American entered the room where the mosquitoes had been freed, and remained thirty minutes. During this time he was bitten about the face and hands by several insects. At 4:30 p. m. he, for the third time, entered the room and was again bitten."

Three days and twenty-three hours from the time he first entered the room he developed yellow fever. He had been strictly quarantined at Camp Lazear for thirty-two days prior to the time when he entered this house and we are assured by the Commission that there was no other possible source of infection except by the mosquito. During this person's visit to this room two other non-immunes remained in the same building, only protected from the mosquitoes by the wire-screen partition. They not only did this but they slept in the house for eighteen consecutive nights, only protected from the mosquitoes by the wire-screen partition. The Commission continued its experiments in a similar way until seven non-immunes had been exposed to infected mosquitoes. Of the seven exposed in this way, six or 85.71 per cent. contracted the disease.

Reed and his co-workers have just published, *American Medicine*, July 6, another series of experiments with the mosquito. They think this series of experiments of especial importance as showing a longer length of time during which the mosquito may remain capable of conveying the infection. They say: "In previous papers we have reported six cases of yellow fever produced by the bites of mosquitoes at intervals varying from twelve to twenty-four days after the contamination of the insects. In the cases here reported the periods intervening between the contamination of the insect and the production of the disease were much longer, viz: 39,

51 and 57 days, respectively. As one of these insects lived until the sixty-ninth and the other until the seventy-first day, after contamination, we have for the first time an explanation of the fact, several times noted in the literature, that the contagion of yellow fever may cling for several months to a building that has been vacated by its occupants, or to the infected area of a town, even though this latter has been entirely depopulated. These particular insects, also, were contaminated at a later stage of the disease than in any of our other cases, *i. e.* on the third day and during the secondary rise of the fever, following a complete intermission in the temperature. We have, therefore, been able to demonstrate that the parasite is present in the general circulation both after and before the stage of remission. How much later in the disease the parasite may be found—a matter of much interest and importance—the observations thus far made do not determine."

This commission so far has observed only one case bitten by other than the *C. fasciatus* and that was the *C. pungen*, which was followed by negative results. They say further: "Touching the subject of the possible transmission of the parasite to the daughter insect by means of infection of the ovum, we have also but a single observation to record. In this case the bites of fourteen mosquitoes hatched from the ova of a mosquito—*C. fasciatus*—that had already shown itself capable of conveying the disease—were followed by an entirely negative result."

To my mind, a very important suggestion is made by the commission in the conclusion of this paper: "In the light of our investigations, we feel constrained to remark that the failure to detect cases of mild yellow fever has been, we believe, the most important factor in the development of the theory of the propagation of the disease by fomites."

As a citizen and as a physician, I feel that the country is to be congratulated upon the step forward the Marine Hospital Service has taken relative to the spread of yellow fever. It was suggested some months ago that this service would not accept the mosquito theory of the transmission of yellow fever, because the demonstration of this mode of communication was first made by a commission of the army. The maritime and inter-state quarantine service of the U. S. is practically in the hands of the Marine Hospital Service. It is likely to remain here and the following from *American Medicine*

shows that this service has at last conceded the possibility of yellow fever being transmitted by the mosquito which is the first step to a complete surrender to scientific demonstrations by scientific men :

"To lessen the spread of disease by insects, the Marine Hospital Service enjoins upon its medical officers every precaution to prevent the access of flies, mosquitos and fleas to hospitals and quarantine stations under their charge. Fumigation by sulfur is considered the best method for destruction of these pests, since formaldehyd is uncertain, and pyrethrum powder merely stupefies and does not kill. It, failing the sulfur, pyrethrum is used, insects must be gathered directly after the use of the powder and burned. Petroleum must be used on all pools of water accessible to stations of the service, and containers of drinking water, should be carefully covered. All patients should be carefully protected by netting, those suffering from communicable disease to prevent the carrying of contagion, others to prevent their being infected. Special attention must be given to water casks, etc., on ships coming from regions where malaria and yellow fever prevail. These orders constitute an advance in sanitary science of a kind too often unmarked.

The adoption of such measures by the Government make them the natural and familiar thing, to neglect which will in time be recognized to be as inimical to public safety as to neglect vaccination or permit a mad dog to roam at large. But, when the day of comparative immunity from plague, yellow fever, typhoid and malaria has come, popular antiscience will doubtless soon forget to whom it owes such freedom, and use this, as it has so many past steps in the elimination of disease, in some curiously distorted manner for the vilification of those who spend their lives for the betterment of the race."

In conclusion, the experiments of this Commission supported as they are by the observations of physicians in the past, establish two great truths beyond controversy :

1. Yellow fever is transmitted by the mosquito, *culex fasciatus*.
2. Yellow fever is not transmitted by the bedding, clothing, articles of merchandise, etc. which may have been exposed to yellow fever patients and in localities where yellow fever prevails.

There may be other ways than the one mentioned by the Commission in which the disease may be transmitted,

but surely the profession will accept the results of these experiments as incontrovertibly settling the question of its transmission affirmatively as to the mosquito and negatively as to fomites.

I do not propose to speak of the results that will follow this great discovery, but it marks an era in sanitary science unequaled by any in its history. Emancipating, as it does, the commerce of the South from its greatest and most blighting curse, *quarantine*, its value to it is beyond the computation of man. For solving this mystery that has baffled the skill of the combined intelligence of the world for two centuries or more, the country owes Reed and his co-workers a debt of gratitude it can never repay. It is preeminently of more importance to the human race than any scientific discovery since Edward Jenner made known to the world the fact of his discovery for the prevention of smallpox.

EDEMA OF THE LOWER EXTREMITIES:—CHRONIC MALARIA.

CLINICAL LECTURE DELIVERED AT THE HOSPITAL COLLEGE
OF MEDICINE, BY FRANK C. WILSON, M. D.,

Professor of Diseases of the Chest and Physical Diagnosis in the Hospital College of Medicine, Etc., Louisville, Kentucky.

GENTLEMEN: The two cases to be brought before you this morning are shown as representing average cases with which you will meet in your daily practice, and not because they possess anything unusual or extraordinary either clinically or pathologically.

Case I. This patient, Joseph S., aged forty years, comes to us for treatment because of a "dropsy" of the lower limbs. We find by referring to the records that he was here at our clinical hour last week, and that we prescribed for him laxative pills of aloin, belladonna and strychnine. At that time there was quite an extensive swelling of both legs, which pitted on pressure, showing that there was an accumulation of fluid in the cellular tissue; an edema probably due to some obstruction in the circulation. An examination of the urine showed only uric acid crystals, no albumen, no casts, and only a little excess of uric acid. There is no obstructive or valvular lesion of the heart. The man is very

fleshy which makes it very difficult to map out the liver, but so far as we are able to judge this organ is normal in size. The man is a driver of a wagon, and claims never to have indulged in the use of intoxicating liquors. He gives a history of chronic constipation, and this seems to be the only datum in the history of the case which possibly might account for the edema of the extremities by interference with the portal circulation.

I have previously mentioned the fact that in some occupations involving exposure of the lower extremities to severe cold, such as ice handlers, pork packers, etc., are followed by a loss of tone of the tissues of the extremities and involvement of the walls of the blood vessels, producing a lax condition of these vessels allowing the transudation of serum through the vessel walls, and thus account for the edema. That explanation would hardly apply to the case before us, however, as the man is not engaged in an occupation which involves undue exposure of the extremities to action of the cold. The only plausible way of accounting for this exudation, it seems to me, is by pressure from an habitually constipated and overfilled intestine and colon. This habitual constipation which would involve accumulation of fecal matter in the intestinal canal, by pressure of these masses upon the portal radicals, would interfere with the return blood and serve to dam it up in the distant venous system, and might account for this transudation of serum of the lower extremities. He has been given a laxative which serves to rid the system of these fecal accumulations, and at the same time there is a diminution of the edema of the extremities, therefore the two conditions may be classed as cause and effect. You remove the cause and you also remove the effect, and it seems to me the most plausible theory evolved in this case is that the edema is due to pressure and interference with the return circulation from the presence of these fecal accumulations incident to the chronic constipated condition.

There is another condition which often leads to edema of the lower extremities, and that is anemia. Of course that would have to be excluded in this case. The man has a good healthy color, he is in good flesh and good health generally with the exception of a chronic constipated condition and the edema of which we have spoken. We may therefore ex-

clude anemia as a cause of the edema of the lower extremities in his case.

In some persons with so-called watery condition of the blood, notably chlorotic females, where the proportion of red blood corpuscles is very small, where the blood, as the laity express it, "has turned to water," and is apparently thin and the proportion of serum is greatly in excess, of course the walls of the blood vessels are flabby and lax, are easily distended and at the same time the serum of the blood is much more watery, fewer number of corpuscles exist in the blood, the watery elements transude through the walls of the lax vessels and accumulates in the cellular tissue giving rise to edema.

In the case before us we will have to exclude any condition of this kind, and the only possible conclusion is that the edema is due to obstruction dependent upon fecal accumulations in the abdominal cavity. We will continue the tonic laxative remedies stated, giving him enough to last for a considerable length of time with the hope that a regular habit may be established; we will also impress upon his mind the importance of never allowing his bowels to become constipated. This tonic laxative combination may be used and tapered off, as it were, like an old toper tapers off his allowance of liquor. We will instruct him to take this laxative combination, which also contains a tonic (strychnine), regularly three times a day until it produces too much effect, when it may be discontinued gradually; that is, instead of taking it three times he will take it twice a day, and after a week or ten days more, when the tone of the intestinal muscles shall be sufficiently further improved so that the amount of laxative in this combination will produce too much effect, then he may take only one of the tablets a day; after a time as the regular habit becomes established the patient may leave off the remedy entirely. When thoroughly impressed with the importance of regularity of habit, nature yields in a wonderful way in these cases; but if neglect is practiced she may soon fall back into faulty habits again. If a regular habit is established nature very soon responds in a perfectly regular way and thereafter medicine will not be needed.

The question has been asked, Is there not some local application which will be of benefit in reducing this edematous condition? Bathing the surface with strong salt water sometimes imparts tone to the muscular tissues and is of assistance in doing away with the conditions which allow production of the edema, but probably internal medication is of more importance.

Case II. The next patient, Mr. M. R., is aged forty-two years, and this is his second visit to the clinic. When before us last week we made the diagnosis of a chronic malarial condition, and gave him bichloride of mercury in small doses, followed by a tonic treatment. He returns to-day stating that he feels somewhat better, that he has no pain in any part of his body. His appearance indicates more or less jaundice, showing that there is bile in the circulation; it comes out through the skin and shows itself in the sclerotics, in the kidney secretion, and over the whole surface of the body, giving a yellowish tinge to the entire surface of the body including the conjunctivæ.

What is the mode by which malaria produces these results? Every malarial paroxysm congests the liver, and this repeated engorgement interferes with its function and you have the elements of the bile thrown back into the circulation. The liver does not act properly, it becomes torpid, inactive, and then you have the bile elements thrown back into the general circulation, resulting in the production of jaundice as in the case before us.

He tells us that he has not been constipated, that his bowels act twice daily, that the actions are of clay color, which indicates the absence of bile, and that his appetite is fairly good. The absence of bile in the intestinal tract would indicate either inactivity on the part of the liver or some obstruction to the flow of bile. He gives the history of a chronic catarrhal condition of the intestinal tract, probably a duodenal catarrh. A careful inquiry into his history might possibly develop the fact that he has had for some time past a catarrhal condition of the duodenum, which very frequently extends to the common bile duct, and by swelling or extension and thickening of the walls of the bile duct will produce more or less obstruction to the flow of bile through it, closing the calibre of the bile duct in this way, and the

bile even after being secreted is prevented from being poured into the intestinal canal and is thrown back into the circulation. Bichloride of mercury is an alterative and tends to clear away any exudative material in all situations, and when such conditions exist in the common bile duct they can frequently be removed by the prolonged use of this agent; it has to be continued, however, for a considerable length of time. We cannot expect to get any effect from bichloride of mercury as an alterative in a few days. This patient has been under treatment with this remedy for a week. In a physical examination we do not find any valvular or other trouble with the heart, although he complains of occasional palpitation. When he came here last week his temperature was 99° F., pulse 105 to the minute; to-day his temperature is 99° F., pulse 104, regular, and there are no abnormal sounds in connection with the heart's action. It may be that interference with circulation through the liver may burden the heart to some extent and account for the palpitation of which he complains.

We will persist in the use of bichloride of mercury for another week at least, and instruct the patient to return at that time in order that we may determine whether any improvement has taken place, and if not what the further treatment of the case should be.

ABSTRACTS AND EXTRACTS.

Brooklyn Doctors Win a Suit for Alleged Breach of Contract.

The suits of the Merchants and Physicians' Adjusting Agency against five Brooklyn physicians to recover \$25 from each for alleged breach of contract have been decided in favor of the defendants. They were Dr. C. L. Ash, of 60 Park Place; Dr Gustave J. E. Tieck, of 89 Pulaski Street; Dr George D. Barney, of 393 Third Street; Dr. J. S. Wood, of 94 Livingston Street, and Dr. Eben F. Smith, of 73 Franklin Avenue. The physicians signed a contract with the agency under which the latter was to collect the physicians' accounts. In the contract a clause was secreted providing that the agency should be furnished by each physician with the names of at least thirty debtors owing an aggregate of \$150 within thirty days after the signing of the contract. In

case of failure to do this the physicians were to forfeit to the agency \$25 each. When called upon for the forfeit the five physicians promptly refused to pay and suits were begun. In the answer the defendants set up that there had been fraud; that the agency, being a New Jersey corporation, had failed to file its certificate in New York State, and that the contract was against public policy. The court sustained this view.—*New York Medical Journal*, July 13th.

Physicians And Veterinary Practice.

According to a recent decision by a Illinois court, a physician cannot recover for services in the treatment of animals for the reason that he is not authorized to practice as a Veterinarian. The case was one in which a physician who had treated an injured race horse rendered a bill for \$258.00, was paid \$100.00 and sued for the balance. Veterinarians are not everywhere easily accessible, and as a result of this decision owners of valuable animals may find difficulty in obtaining the services of a physician, which they would doubtless regard as better than none.—*New York Medical Journal*, July 13th.

Changes In The Facial Bones Due to Adenoids.

Read in the Section on Laryngology and Otology, at the Fifty-second Annual Meeting of the American Medical Association, held at St. Paul, Minn., June 4-7, 1901.

The peculiar characteristic departure from the composite type of human skulls shown by those who throughout life have had functionless noses is well defined.

The bones whose part is the greatest in this change are those making up the hard palate. From the gently rounded curve of the roof of the mouth, that is the normal type, we see extreme examples where the arch is high up and the encroachment on the space of the nares most extreme. The same factor is accountable for a nasopharyngeal space, but little larger than the finger tip of the examining hand, the nasopharynx of a new-born babe in a man.

Lack of development of the upper respiratory tract is responsible for this condition. Thorough removal of all blocks to the patency of this tract will prevent such conditions, if done before ossification be complete. Failure to attend to this important matter also causes irregularities in the front teeth. As the regular number of teeth begin to demand their space, they can find it in only one extension, and that is forward. The molars get more of the room available because they do the bulk of the work through the grinding motion given them by the pterygoids. The incisors and canines suffer the crowding and malposition the most be-

cause the front is the only way to expand, and also because man has largely passed much need for the prehensile and tearing function they were originally and respectively used for by the progenitors of the human mammal of to-day.

It would seem, then, that attention to this condition in early life would be equally effective in lessening the number of people with prominent front teeth as it is in stopping the mouth-breathing with its accompanying evils, which are as apparent to a medical man as the teeth are to the public.

Even those who have only a small amount of this tissue are to be relieved of ear and throat conditions that have no plain, evident connection with adenoids only by due consideration of the atypical anatomy of the nasopharynx on the lines above set forth.

If, in a first view of the cavity, remnants of adenoids are still present, it is fair to assume their existence in greater amount in earlier life.

The assumption is based on the well-known elimination of such glands as those composing the tonsillar ring, the thymus, etc., by the organism on reaching the limitation of growth; provided previous inflammation has not produced permanent hypertrophy by metaplastic or direct connective tissue proliferation, a common type of which is the persistant hypertrophied tonsil seen at all ages.

A case illustrating this would be Miss G., aged 18, in whom the bone conformation was typical and the postnares small—a constant day and night mouth-breather. The removal of a piece of adenoid from its location just above, but close to the postnares was followed by a relief that was entirely out of proportion to the size of the tissue.

A case emphasizing particularly the point of location was Miss G., aged 15, a mouth-breather only at night. In her case the slight encroachment made on the available space by the soft palate when the horizontal position was assumed caused the trouble, because the remaining adenoids were all low down. The nasopharynx above was completely normal, save in roominess.

A case of obstinate salpingitis with hearing reduced to about half was relieved after about a month's ineffectual care, by my being able to get part of a growth with the Gradle guarded forceps not larger than a buckshot, but located above and to the inner side close to the orifice of the Eustachian tube. This was Miss S., aged 20.

It has been of prompt and decided benefit in another instance, Miss F., aged 25, who complained of chronic nasopharyngeal catarrh, to curette the area of most insignificant remnants.

In recapitulating the points I wish to establish as worth the profession's attention, the first is that mouth-breathers,

superior and inferior maxillaries, palates, vomers, turbinates, ethmoid and sphenoid bones show an alteration in development as compared with the normal, that I contend is inevitably accompanied by prominence of the alveolar processes in front and misplacement of the front teeth; that due significance should be attached to the recognition of evidence of previously existing adenoids in efforts to locate obscure sources of ear and throat disturbances; and lastly, the relative size of such evidences and that of the nasopharyngeal area, as well as their location, are factors opposing the apparent significance.—DR. A. T. MITCHELL, *Journal American Medical Association*, July 27th.

Experimental Yellow Fever.

Reed, Carroll and Agramonte report cases of yellow fever experimentally produced by blood inoculation from other cases of the disease, showing that parasites are present in the blood during the early stages and that its passage through an intermediate host, though this is Nature's method, is not essential in the life cycle of the parasite. In this respect it is analogous to malarial fevers. All the cases, moreover, in cultures produced from the blood drawn from a vein immediately after injection or from the same syringeful of blood that conveyed the disease, failed to show the presence of Sanarelli's bacillus. In one case colonies of staphylococcus pyogenes citreus were obtained, and in the others no growth whatever. They also report a number of cases of mosquito inoculation, which are of interest in various respects. One point made is the length of time during which a mosquito may remain capable of conveying infection. The periods intervening between the contamination of the insect and the production of the disease were as much as 39, 51 and 57 days respectively. This explains the late appearance of the fever and the persistence of infection in infected houses is hereby accounted for. As regards the production of yellow fever by other species of culex than the faciatus there was only one negative observation to record, to which they attribute no importance. Future observations will therefore be required for settling this question. Touching the subject of the possible transmission of the parasite to the daughter parasite by means of the ovum, they have also but a single observation, likewise negative. Their experiments confirm the statements of recent writers that the period of incubation of yellow fever does not usually exceed four or five days, but they also maintain that it may be prolonged more frequently perhaps than has been supposed. They also call attention to the importance of the milder cases of yellow fever. Cases

that are not suspected of being subject to the disease may introduce it and failure to detect such is one of the most important factors in the development of the theory of propagation of this disease by fomites.—*American Medicine*, July 6th.

Infant Feeding.

The points made by Chapin in his discussion of the constitution of milk for infant feeding are: 1. that the chemical analyses of milk are not the only scientific basis of comparison: 2. that Nature adapts an animal's milk food to its digestive system: 3. that cow's milk and woman's milk are intended for different digestive systems: 4. that as cow's milk forms solid curds and woman's flocculent curds, the curd of cow's milk intended for an infant should be broken up mechanically: 5. that as cereal gruels mechanically break up the curds of cow's milk, and as infants are able to utilize them, their use is rational. He says it is often preferable to make the standard diluent of digestive gruels, as not only break up the curds but furnish a certain amount of nourishment which is immediately available, taking the place of part of the soluble proteids and also form a satisfactory substitute for milk when it must be withheld for a few feedings. A great variety can be supplied to infants by means of digested gruels at a trifling expense and the tendency is always to get back to milk and not to keep on indefinitely with a diet of carbohydrates as with most infant foods used.—*Medical Record*, July 6th.

After-Treatment of Summer Diarrhoea of Infants and Children.

William M. Taylor declares that it is difficult to lay down any fixed rule for the return to a more ample diet after subsidence of the acute symptoms of summer diarrhoea. The condition of the intestinal tract, as evidenced by the condition of the stools, must be carefully studied by the physician. The after-treatment of this affection is essentially hygienic and dietetic. Pure modified cow's milk, diluted with barley water previously dextrinized by diastase or maltine, is most satisfactory. It is almost always possible to attain proper food for the child by beginning with a percentage milk. Kumyss is also valuable, and is especially well taken during the summer months. Beef juice is easily assimilated. Children of two or three years of age may have besides milk, beef, mutton, or chicken broth, from which the fat has been removed. Scrapped rare roast beef is a valuable addition. Dry toast or zwieback is the best form of farinaceous food; liquid diastase should be given at first. Inunction of cod-

liver oil is a favorable method of improving the general condition, and is well followed by a warm sponge bath. Tendency to constipation in convalescence is best corrected by the diet, water between feedings, abdominal massage, and enemata. Purgatives, as a rule, are to be avoided. Tonics are nearly always indicated, ferric iodide and the tincture of nux vomica being among the best. The untoward symptoms of dentition should be relieved. A cool morning sponge, outdoor life, and a well-ventilated sleeping room are all valuable auxiliaries to the other lines of treatment. The buttocks should be kept scrupulously clean. In the effort to get fresh air for the child, care must be taken not to cool the body suddenly, or a second attack is likely to be precipitated.—*Medical New*, July 13th.

TYPHOID INFECTION WITHOUT LESION OF THE INTESTINE.
A CASE OF HÆMORRHAGIC TYPHOID FEVER WITH ATYPICAL INTESTINAL LESIONS.—The intestinal lesions of typhoid vary greatly in extent and distribution. The extent of the lesion in the ileum may be limited, macroscopically, to a single small ulcer. Occasionally the hyperplasia and necrosis are limited entirely to the large intestine. Doubtless many mild cases run their course without any ulceration. In a number of cases where the clinical history is faultless, and the typhoid bacillus has, post-mortem, been demonstrated in the organs, no intestinal lesion has been found.

“To explain such cases one may assume that the organism can enter the body through the intestine without producing any lesion, or that the intestinal tract is not the only path by which it can enter.”

The case reported gave clinical course of typhoid fever : Rose spots, temperature curve, splenic enlargement, positive Widal reaction. There were persistent epistaxis, purpuric ecchymoses and haemorrhage from the bowels. “At the autopsy the usual intestinal lesions of typhoid fever were not found. The history gives evidence that the intestines were implicated early in the disease since during the first and second weeks there were diarrhoea, abdominal pain and tenderness, and some distension.”

“The Bacteriological examination of the case is sufficiently complete to demonstrate that the child died with typhoid fever complicated by a condition resembling purpura hæmorrhagica; the case is one of hæmorrhagic typhoid fever.”

A review of the literature on the subject gives the following conclusions: Few of the cases furnish evidence that the typhoid bacillus can enter the body in the absence of in-

testinal lesions. This evidence is not conclusive. The localization of the typhoid bacillus is not exclusively in the lymphatic apparatus of the intestine and the intestinal lesions of fatal cases may be so slight that at the time of autopsy they are no longer recognizable.—DRS. OPIE & BASSETT, *Bulletin Johns Hopkins Hospital*, July.

Application of Water in Chronic Diseases.

Cold and heat are irritants which stimulate when mild and depress when intense. The stimulating effect of cool water, ten or more degrees below body temperature, upon the cutaneous sensory terminals is transmitted to the central nervous and sympathetic systems. The inspiration is deepened and the heart's action improved. An increase of hemoglobin and blood cells in the cutaneous blood has often been demonstrated after cold procedures. When these cold procedures are repeated daily or oftener the skin receives a neuro-vascular training, the refreshing and invigorating effect of which is felt throughout the entire system. Several cases are quoted showing the effect of hydrotherapy in phthisis, diabetes, neurasthenia, hysteria, various psychoses, gout, rheumatism, dyspepsia, cardiac diseases, neuralgias, obesity and neuritis.

“If water is to occupy a lasting position among remedial agents, it must remain in the hands of medical men entirely, its theory and practice taught in our schools and its application demonstrated in our hospitals.”—DR. SIMON BARUCH, *Brooklyn Medical Journal*, July.

A Future for Popular Music.

According to an exchange, rag-time music will take a new lease on life if the recent discovery of a Paris dentist is true. When he put the patient under the influence of gas he connects his ears at the same time with a phonograph discoursing lively music. This affects his psychic centers so completely that in trying to find out just where the syncopations come in he forgets the other delusions of the gas, and the tooth is gently released from its encrustments of clay without any struggle of the nervous system. The idea has seemed of enough value to be mentioned by an eminent French physician as an agency in the use of anaesthetics, and thus avoiding the excessive application of ether.—*Medical Dial*, July.

Removal of the Female Urinary Bladder for Malignant Disease.

Abstract of a paper read before the Section on Obstetrics, Buffalo Academy of Medicine, May 28, 1901.

BY MATTHEW D. MANN, A. M., M. D., BUFFALO, N. Y.

The author says the operation for removal of the bladder has not received enough attention in this country, there being very few cases on record. Cancer of the bladder is rare, but is the commonest form of growth found in the bladder. The diagnosis can be made by the symptoms, the use of the cystoscope, palpation, and the examination of the urine. Treatment may be removal through the urethra, the vaginal septum, or by suprapubic cystotomy.

The operations are the removal of the growth and its base ; resection of part of the bladder, or cystectomy. Indications for total removal are multiple growths; return after removal; extensive involvement of the base; and extension of cancer of the cervix uteri into the bladder. The ureters need no attention at the time of the operation, as by the removal of a portion of the anterior vaginal wall, they will discharge into the vagina. If possible, the ureteric openings into the bladder should be left intact. This will rarely be possible. He does not believe in uretero-intestinal anastomosis.

The vagina can be used as a receptacle for the urine, as was done by Pawlik. If this be done, there will be little danger of infection traveling to the kidneys, as the newly-made bladder can be kept clean.

The operation is done in the Trendelenburg position. The peritoneum over the bladder being cut, the bladder is enucleated by the fingers, and the base, with the anterior vaginal wall still attached, is removed. The uterus is then removed, and the peritoneum closed over the floor of the pelvis.

Mann reports two cases, both of which recovered from the operation, and has collected from the literature fourteen cases more. He concludes that in certain malignant disease of the bladder, total extirpation is a justifiable operation, offering no serious difficulties to an experienced abdominal surgeon, and giving the patient a chance for a comfortable continued existence.—*Buffalo Medical Journal*, July.

THERAPEUTICS.

Mouth Wash for Sweetening the Breath.

R	Acid salicylici						
	Soda bicarb	-	-	-	aa	grs.	xv
	Spt. vini rect.	-	-	-		5i	
	Spt. menth pip.	-	-	-	gtt.	x	
	Aquaæ	-	-	-		5iv	

M. Sig. Teaspoonful in a small cupful of hot water.

—*The N. Y. State Journal of Medicine.*

Freckles—Sunburn.

R	Plumbi acet.	-	-	-	gr.	xv	
	Acid hydrocyanic dil.	-	-	-	m.	xx	
	Alcoholis	-	-	-		5ss	
	Aquaæ	-	-	-	q.s. ad	5vi	

M. Sig. Apply with a sponge.

—*Tilbury Fox.*

For the Diarrhoea of Typhoid Fever.

R	Ac. sulphuric aromat	-	-	-	5i		
	Ext. haematox. fl.	-	-	-		5ss	
	Spts. chlorof.	-	-	-		5ss	
	Syr. zingiberis	-	-	-	ad	5iii	

M. Sig. Two teaspoonfuls every two to four hours.

—*Hare.*

Liniment for Rheumatism.

R	Ol. gaultheriae						
	Ol. olivae						
	Lin. Saponis						
	Tr. aconiti						
	Tr. opii	-	-	-	aa	5ii	

Ft. liniment.

M. Sig. Apply freely and cover with cotton batting.

—*Palmer.*

In Chronic Rheumatism.

R	Acid arseniosi	-	-	-	gr.	iii	
	Pulv. guaiaci	-	-	-		5iii	
	Pulv. capsici	-	-	-		5ss	
	Pil. al. et. myrrh	-	-	-		5iii	

M. Div. in pil. cxx. Sig.—One pill twice daily.

—*Fothergill.*

In Summer Diarrhoea of Children.

R	Plumbi acetat	-	-	-	grs.	viii	
	Acid acet.	-	-	-	gtts.	vi	
	Tinet. opii deodorat.	-	-	-	gtts.	iv	
	Aquaæ destillat	-	-	-		5i	

M. Sig. Teaspoonful every two or three hours to a child of two years.

—*Barthalow.*

EDITORIAL.

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SOME NEW ADENOID PATHOLOGY.

Before taking up for a brief review to set out in a condensed way for the benefit of our readers information gathered from several sources bearing on the effects of adenoids, we will indulge in some prefatory generalizing.

It seems to us fairly time, for a broad statement, that the mental attitude of a medical graduate is that he has just mastered a profession the ground and superstructure of which are fixed, enduring and definitely circumscribed by what his professors gave him to learn. Having accomplished this he feels fixed for life in mental equipment. If such be truly the subconscious attitude of graduates, it is as truly to be deplored. It would seem a pity that each class can not have it impressed on them that they knew medicine of to-day only—not that of to-morrow—that from its very nature it is not and never will be an exact science in the sense that mathematics is and that now more than ever it is a necessity for study to be continued constantly under penalty of becoming ignorant and therefore incompetent.

Of course the discovery of the schizomycetes is the pat and conspicuous example of the changeability of medicine but even things under our very noses, absurdly apparent when seen, are constantly turning up to impress us with the fact there are yet chances for all of us to exploit something new. Of this latter class the recognition of adenoid bodies filling the post-nasal space with their dependent evils by Wilhelm Meyer of Copenhagen some thirty years ago is a case in point that brings us to the discussion of the new charges brought against this condition, unmentioned and probably undreamed of by Meyer. It is incalculable the good done the race in the

way of saving life and hearing in otorrhea, improving the general physical condition and the mental too, and eliminating the cause of constantly occurring catarrhal inflammations through the correction of this condition.

We have in fact heard so much of the effects of the presence of these bodies and of their removal that we are prepared for almost anything and there is reason for the feeling that it is being pursued into the extremes the profession so often finds itself led into. As yet it is only the sense of wonderfully far reaching and remote effects of an occluded naso-pharynx that instinctively puts a conservative mind in a hypercritical attitude because we are thoroughly in accord with this progress into fresh fields so far. This pasture green is the recognition and demonstration of the absolute certainty of the Rhinologists' power to alter the face, features, general physiognomy and dental appearance of mouth-breathing children.

There can be no doubt that this demonstration put a sensible denial out of the question to the proposition that the face of a mouth-breathing child when 18 is vastly dissimilar to what it would have been had the habit been corrected before permanent dentition.

Such an exposition was made by Dr. A. T. Mitchell of this city, in a paper read before the Vicksburg Medical Society in April last, and before the section on Otology, Rhinology and Laryngology of the American Medical Association in June, at St. Paul. The casts exhibited bore out physical and physiological forces pointed out as an interdependent train set in motion by the blocking up of the posterior nares, the diversion of respiratory function from the nose and that organs consequent atrophy or rather insufficient and disproportional development.

A very large factor in altering the face was pointed out as being the disturbance of the relation space of the two cavities, the mouth claiming, and unnaturally, more because of the assumption of the work of respiration thrown upon it because of the failure of the nose to function and its consequent failure through disuse to grow.

The plaster casts exhibited showed remarkable high arched palates, that are narrow and alveolar processes thrust

conspicuously forward with the still more prominent front teeth that evince a tendency to overlap.

Besides Dr. Mitchell's paper, we have before us three careful communications (one being from a Dentist) demonstrating the same thing and from such good observers that we cannot but add physiognomonic and stomatologic influences to the many others we unhesitatingly attribute to this form of perverted respiration. As to just how this alteration of the facial bones is brought about there is quite a latitude of opinion. Dr. M. D. Lederman in the *New York Medical Journal* for July 13th, 1901 and Dr. Gleitsman also of New York in the Polyclinic for July 15th, 1897, lean to the opinion that it is due (prominence and malposition of front teeth) to the lateral pressure of the muscles of the cheek and to atmospheric pressure. It would seem to us that the attachment of the massiter and buccinator muscles are not favorable to the exertion of much pressure and that the moiety of contraction (residual muscle tone) would act in any habitual position of the muscles as the muscle tone is a constant in resting muscles with an equal value exerted on closed mouths. Atmospheric conditions would only apply in the consideration that at the pre-inspiratory moment pressure is relatively minus in the entrance way, in this case the mouth, when the pressure in the nasal chambers above would be relatively plus and thus the influence would be in favor of the latter. In expiration the moments difference would reverse the conditions, and the general effect would be nil. A citation of the opinions of Grosheintz, Alkan and Dr. John Mackenzie (Balto) by Fannie E. Hoopes, M. D.,—D. D. S. (Balto) in the "Dental Cosmos" for July, adds their weight to the opinion that adenoids and a typical alteration of the face is something definitely established, though no further reasons are advanced. We find it, in view of the above analysis of the reasons advanced by these well known specialists, not easy to accept even tentatively their connection of cause and effect.

It would seem to us that a reason would not have to be sought for very far if we recall the fact that the maintenance of life is the primary object of all animals and that when a mammal has passed the sucking stage the ability to chew means life in the general struggle for existance. That chew-

ing and grinding is done all together by the opposition of the upper and lower molars and the vital necessity of it insures the pterygoids keeping the animal equipped for mastication. That this condition may be maintained, the molars are given the bulk of the space available and that no extension backward is possible in either upper or lower jaw, leaves the incisor and canine developing centers but one direction in which they can demand room; and that is in the extension of the alveolar process forward—a movement already inaugurated by the upward arching of the palate. These reasons, as the paper of Dr. Mitchell shows, have a strong corroborative support in a study of the centers of development of the superior maxilla. One, the premaxillary, forms a triangular plate containing that most anterior part of the alveolar that contains the incisors and canines, and it waits the placing of all other teeth bearing centers, before it ossifies finally to the then completed alveolar process. We think that the influence of adenoids on facial configuration is safely established and while but a trifle of the debt we owe Meyer, is yet full of interest and suggestive of the possibilities of our profession, now inconceivable, but gradually unfolding as we advance and our work proves worthy.

SEXUAL INTEMPERANCE.

We note again (*N. Y. Medical Journal*, July 13th,) an article on this subject from the pen of Dr. Drennan. Taken briefly, her opinion is that the sexual function should only be performed for the purpose of begetting children, and at those times when conception may be expected. She draws her arguments from observations of lower animal life and arrives at the conclusion (see article in *N. Y. Medical Journal*, Jan. 5th,) that "Man is the only male who abuses himself and his female."

From this opinion, these arguments and this conclusion many will differ.

In the first place there are two sides to every question. Is the sole purpose of the sexual function procreation? If it were it seems to us that the desire for sexual intercourse which is innate and strong in every normal son of Adam, and a large proportion of the daughters of Eve, would be less

marked. Unfortunately, so far as determining this question goes, we cannot get the testimony of the "abused" sex. We are not willing to convict the "selfish husbands" on the testimony of those women, a minority too small to cut any figure, who "have not known a well day since marriage." In a fairly good proportion of these cases, even, the man is not at fault.

Dr. Drennan has, we hope unconsciously, made a strong plea in favor of polygamy. The domestic animals, from which she draws her arguments, that cohabit only at stated intervals, do so only so far as the female is concerned. Go into the barnyard—each rooster, each drake, each turkey "gobbler" has his own little harem to which he admits no other male.

If copulation solely for conception were the law, though we doubt if the hen in the embraces of the rooster thinks about the resulting egg, polygamy would follow or adultery would become the rule, and we have no doubt but that most wives would consider such a condition of affairs far more of an abuse than that to which in the present condition of society they are subjected.

We believe that the majority of women who lose their health after marriage do so, when the husband is at fault, not from excessive but from unclean connection. If Dr. Drennan will take up the cudgel in the defense of innocent women against diseased men we will give her our heartiest approbation and assistance. But when she proposes a course that will break down all existing customs, make adultery common, and eventually reduce our women to the condition of slaves in harems, we must not only decline to assist but must put in her path all possible obstructions.

PUBLIC HEALTH THE PLAYTHING OF POLITICS.

"The average American city needs nothing quite so much as a well administered department of public health. The merit system would bear fruit in no other department of the public service so promptly. But the dear people do not seem to have a fair conception of the necessities of the case, and are just as well satisfied with mediocrity or sheer imbecility in sanitary affairs as they are with sanitary effi-

ciency and integrity. The results of good sanitation are decried by a general argument that certain years were healthy ones anyway; the inevitable results of sanitary inefficiency are excused by the statement that the whole year has been unhealthy, or that the weather is unseasonable. The slipshod officer gets along without making enemies by efforts to enforce the laws, and is therefore decided to be a good fellow; the conscientious officer makes law-breakers come to time, spend their money and improve the sanitary conditions, he is therefore a crank, an extremist, or worse. The political health officer only begins to realize the scope of his duties about the time his term of office ends; then when he might be of a little service the whirlgig of fortune turns him out, and his successor assumes his duties and tries his apprentice hand upon a long suffering people. If this common condition in American cities is ever to be remedied the organized medical profession must take up the matter earnestly, and endeavor to secure the passage of laws, state or municipal, as the case may be, setting the public health service absolutely upon a merit basis."

The above, taken from *American Medicine*, is timely. There are two other conditions however in Mississippi that deserve consideration. The farsical administration of health laws by well paid city physicians or health officers is not such as to inspire the confidence and respect of the people. The under pay or no pay of county health officers, who as a rule try to do their duty, is a matter that should certainly receive consideration. The former are usually political officers, the latter are non-political. The former are appointed on account of political considerations and are expected to do their share of political drudgery. The latter are appointed on account of merit, and to the discredit of the state their salaries are fixed by a body of men who have as little appreciation for good, honest, scientific work as a "hog has for Sunday."

Dr. T. M. Jones, of Hernando, recently writing upon this subject says: "In creating the County Health Office the law-makers acted wisely in having an intelligent, non-political body, the State board of Health, after proper investigation, to appoint the best equipped available physician in each county as county health officer, whose duties are prescribed by the same board that makes the appointment."

Continuing he says: "So far as my observation goes the State Board of Health has carried out the intent of the law in making these appointments, but we are fully persuaded that our last legislature made a grievous mistake when it directed the County Board of Supervisors to say what the remuneration of County health officers should be for services rendered. As the State Board of Health directs the work of the County Health Officer, and to this Board he has to make his reports, this board knows what his work has been and it ought to say what the remuneration should be for the work performed. Or perhaps a better plan would be to have each county pay a uniform salary to the County Health Officer as is done to county superintendents of education. At the expiration of my term of office last May I was reappointed by the State Board of Health under protest. I protested because the salary paid the County Health Officer is by no means commensurate with the services rendered."

Dr. Jones is right. The salary of the County Health Officer should be fixed by the legislature and not left to the dictation of boards of supervisors who have no conception of the value of such services. The physicians of this state can have such a law enacted if they will make the effort. No physician ought to stand back because he happens at this time to be one of the "outs." No such narrow view should be taken of the matter, but if it is desired to settle it upon this principle let each one go to work, for who knows but that you may be among the next "ins." It is a duty that every physician owes his profession to insist upon a legal recognition of remuneration commensurate with services rendered. Personal considerations should not enter into the question. Last May one of our leading physicians was defeated for County Health Officer of the county in which he lived. He went before his Board of Supervisors and insisted that the salary for his successor be raised, and by presenting the matter in an intelligent way the board did raise the salary and is now paying his successor more than he received for the same services. This was an unselfish act and is worthy of emulation by every physician in the state. I think it would be a good idea for the physicians in each county to go before their boards of supervisors and insist that their County Health Officer be paid for his services.

BOOK REVIEWS.

A System of Physiologic Therapeutics, a Practical Exposition of the Methods, other than Drug Giving, useful in the treatment of the Sick and in the Prevention of Disease. By American, English, French and German Authors and Edited by Solomon Salis Cohen, A. M., M. D., Professor of Medicine and Therapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine at Jefferson Medical College; formerly Lecturer of Therapeutics at Dartmouth Medical College; Physician to the Philadelphia and Rush Hospitals, etc. Fellow of the College of Physicians of Philadelphia; member of the Association of American Physicians; former President of the Philadelphia County Medical Society, etc. In eleven handsome octavo volumes with many Illustrations, Maps, and full page plates, Price for the complete set, Cloth Binding, \$22.00. P. Blakiston's Son & Co., Publishers, 1012 Walnut Street, Philadelphia.

So far as we are informed this is the first effort that has been made to provide the medical profession with a practical exposition of therapeutic measures other than drug-giving in a systematic or scientific arrangement. It should be very gratifying to the American profession that so important a work has been undertaken by an American editor and an American publisher. We now have the first three volumes of this interesting work before us. The first and second volumes are written by Dr. George W. Jacoby of New York, with an addenda of special subjects to the second volume of about one hundred pages—Electricity in the Diseases of the Eye, by Edward Jackson, A. M., M. D., Denver, Col. The application of Electricity in Diseases of the Nose, Throat and Ear, by Wm. Scheppegrell, A. M., M. D., New Orleans, La. Electricity in Gynecology by Franklin H. Martin, M. D., Chicago and the Electric Therapeutics of Skin Diseases by A. H. Ohmann-Dumesnil, A. M., M. E., M. D., St. Louis, Mo. The third volume is devoted to Climatology, Health Resorts, Mineral Springs, and is written by F. Parkes Weber, M. A., M. D., F. R. C. P., (London) with the collaboration for America of Guy Hinsdale, A. M., M. D., Philadelphia.

Judging by the three volumes that have already been issued this will be a most creditable contribution to medical literature in a field that heretofore has not been touched in anything like a systematic manner. The whole American medical profession ought to be proud of the production and welcome these and subsequent volumes.

Mosquitoes, How They Live; How they Carry Disease; How they are Classified; How they may be Destroyed. By L. O. Howard, Ph. D. Department of Agriculture, Washington, D. C. Pages xv-240. McClure, Philips & Co., New York, 1901.

To-day there is not a more interesting subject before the profession than the mosquito. With the absolute proof that mosquitoes of the genus anopholes are instrumental in the carriage of malaria, and that a mosquito is the conveyor of yellow fever makes a knowledge of mosquito habits absolutely necessary to the members of the medical profession. This book "tells what is known about mosquitoes from the biological point of view, from the medical point of view, and from the practical side. An especial effort has been made to show, in a straightforward way, to physicians how the different kinds of mosquitoes can be distinguished, and to indicate the characteristic habits and breeding places of those forms which spread malaria and yellow fever. Directions are given for collecting mosquitoes and for rearing their early stages, and an especial effort has been made to display fully and practically the remedial measures which should be adopted in mosquito-ridden neighborhoods."

The book contains ten chapters, the first dealing with mosquitoes in general, such as their life round, how long the larvae live under water and how long they live out of water, the length of life of the adult mosquito, how far they fly and are they carried by winds, by railway trains and other conveyances, etc., etc. The next few chapters treats of malaria and mosquitoes. The fifth chapter treats of mosquitoes and yellow fever, and the eighth tells us how to destroy mosquitoes. The book contains fifty illustrations.

We are sure that this book will be read with interest by the profession of this state where malaria prevails so extensively, and yellow fever makes its frequent incursions.

International Clinics, a Quarterly of Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other Topics of Interest to Students and Practitioners by Leading Members of the Medical Profession Throughout the World, Edited by Henry W. Cattle, A.M., M.D., Philadelphia. Vol. II.. Eleventh Series, 1901. Philadelphia: J. B. Lippincott Co., 1901. Cloth. Price \$2.00.

Like the first volume of this series this volume is one of great interest. The practitioner will make no mistake if he obtains it and reads every word it contains. It is really surprising that a book so handsome and contributed to by men so eminent in the profession can be sold for so small a price. It is well illustrated both by plates and figures. The article on "The Oxytoxic Effect of the Lumbar Injection of Cocaine, Particularly to Induce Labor," impresses us as one of unusual interest, no less so however than "The Conservative Treatment of Appendicitis," "The Adulteration of Foods," "Resources in Narrow Pelvis" and "Abortion." These articles alone are worth the price of the entire book.

Transactions of the Southern Surgical and Gynecological Association,
Vol. XIII. Thirteenth Session held at Atlanta, Ga., November 13,
14 and 15, 1900. Published by the Association, 1901.

This is not only a handsome volume of nearly five hundred pages but it contains many articles of value by men eminent in surgery and gynecology, among whom may be mentioned Howard Kelly, A. Morgan Cartledge, F. W. Parham, Rudolph Matas and John B. Murphy.

Dr. Manning Simons, of Charleston, S. C., is the President for 1900-1901, and Dr. W. D. Haggard, Jr., of Nashville, Tenn., is Secretary.

The next meeting of the Association will be held in Richmond, Va., beginning Tuesday, November 12, 1901.

MEDICAL NEWS AND MISCELLANY.

WE are informed upon good authority, that the administration of the College of Physicians and Surgeons, Chicago has suffered no serious disturbance in consequence of the fire the 25th of June last. They are now better housed and equipped than ever before and are running quite as smoothly.

SUMMER COMPLAINTS OF INFANTS AND CHILDREN

From the writings of medical practitioners who devote especial attention to diseases of children, we have compiled a pamphlet which we designate the "Summer Pamphlet." In it will be found many valuable suggestions for the care of infants and children during the heated term.

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FOLLOWING are the members of the Board of Medical Examiners for the state of Texas under the new law: Dr. J. T. Wilson, Sherman, President; Dr. S. R. Burroughs, Buffalo. Vice-President; Dr. M. M. Smith, Austin, Secretary and Treasurer; Dr. J. C. Jones, Gonzales, Dr. F. Paschal, San Antonio, Dr. J. H. Reuss, Cuero, Dr. J. W. Scott, Houston, Dr. J. H. Evans, Palestine, Dr. D. J. Jenkins, Daingerfield. The Board met and organized July 23, and will hold its next meeting in Austin, October 1st, (first Tuesday).

Sanmetto in Enuresis.

I used Sanmetto in a case of a young miss, thirteen years of age, who was becoming a regular "wet the bed." I had tried all the usual remedies, but failed to make a cure, so I tried Sanmetto and the result was a perfect cure, as she has not been troubled since the first treatment with Sanmetto, and I inquired to-day, and was informed that she had attended school, traveled two hundred and fifty miles, losing two nights sleep, but not once has the trouble returned; therefore I call it a cure in every sense of the word, and another triumph for Sanmetto. I can say that in over forty-six years practice I have never found a medicine that is as near a specific for the purposes intended as Sanmetto.

Soda Springs, Idaho.

WM. H. ANDERSON, M. D.

DR. H. S. MUNRO, of Americus, Ga., was in this city a few days during the month of August and gave instructions to a large number of the Vicksburg physicians in suggestive therapeutics, to the delight and satisfaction of all who took his Course. Dr. Munro comes highly endorsed and strongly recommended by many leading and influential professional men of Georgia, South Carolina, Alabama, Florida, Louisiana and Texas, which up to the present day constituted his field of work. We cannot too strongly commend his course of instructions to all physicians not familiar with technique of inducing the hypnotic state and its application as a therapeutic agent. We feel sure any physician who hears the elucidation of this subject as given by Dr. Munro, and witnesses his demonstrations of hypnotism will be thoroughly convinced that a knowledge of this science as given by him would be a valuable acquisition to our ordinary therapeutic measures.

Sanmetto in Spasms of Bladder Neck.

Sanmetto is not new to me as I have used it two years. I will report a case that came under my treatment on the fourth day of February. A lady about forty years of age had spasms of the neck of the bladder. She was in constant pain. She could neither sleep nor sit still. She was compelled to urinate as often as every half hour. I commenced giving her Sanmetto, a teaspoonful every two hours for the first twelve hours. The next twenty-four hours I gave her a teaspoonful every three hours, and the next twenty-four hours, every four hours, unless sleeping. Discharged the woman the fifth day as well, and she has been well ever since. A prominent physician of our city had been treating this patient, but she received no benefit from his treatment whatever.

Saginaw, E. S., Mich.

WM. S. McLEAN, M. D.

W A R D E P A R T M E N T

SURGEON GENERAL'S OFFICE.

WASHINGTON, D. C., Jan. 3, 1890.

This is to certify that the exact antiseptic strength of "Tyree's Pulv. Antiseptic Comp." is one part of the powder to fifty of water (1:50). Test tubes containing peptonized beef broth were charged with the powder (Tyree's Antiseptic Powder). The solutions were then inoculated with the anthrax bacillus, and with the staphylococci of pus, and the tubes placed in the incubator for 48 hours at a temperature of 39° C. On removing the tubes from the incubator, it was found that in the solutions of one in ten to one in fifty there was no development of bacteria.

W. M. GRAY, M. D., Microscopist to Army Medical Museum.

D R. GRAY is a very scientific man, and has a wide influence and acquaintanceship as a microscopist, and we believe that this analysis from him is reflected wherever **Tyree's Antiseptic Powder** is known, justifying the busy and country physician, who has neither time, convenience nor inclination to use the complicated microscopical process, in depending upon **Tyree's Powder** to accomplish the same results. In all cases of Leucorrhæal and Gonorrhæal discharges it acts at the minimum amount of risk and the maximum amount of haste, whether of a simple catarrhal non-infectious or of a gonorrhæal syphilitic infectious nature. One teaspoonful in a pint of water (cost 2c.) makes a guaranteed anti-bacterial solution. It's antiseptic but not irritant. It is scrupulously made and its well balanced chemical adjustment has established its ethical popularity. Sod. bor., alum, ac. carbol., glycérin, the cryst. principles of thyme, eucalyptus, gaultheria, and mentha.

J. S. TYREE : CHEMIST : WASHINGTON, D. C.

IT IS with confidence of the merit of their product, also in view of the eminent satisfaction Pil Orientalis (Thompson) has given among physicians using it in their practice, that The Immune Tablet Co., Washington, D. C., have adopted the unusual course, at great expense, of sending out complimentary boxes, so physicians may prove the exceptional merit, aphrodisiac effects, and general tonic value before prescribing it to their patients.

Pil Orientalis (Thompson) is put up in three strengths No. 1, No. 2 and No. 3 extra strong, and it is always advisable in obstinate or "depraved" cases to put the patient on a full course of No. 1, rather than attempt to bring the sexual organs into sudden activity.

The Extract Ambrosia Orientalis is imported solely by The Immune Tablet Company and is the green barks from the Tyunjab plant of Siam or India, and the Gorrah or Yoombee of the East Coast of Africa.

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Dr. C. H. Harriman, Whitinsville, Mass., says: "I believe 'Pil Orientalis' is the nearest to being a specific for impotency of anything recommended."

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Dr. C. H. Latimer, Gov't Hospital for Insane, "My patient has been benefited by 'Pil Orientalis.'"

The following lines were found pinned on a skeleton in the Royal College of Surgeons in London, years ago. 100 £ reward offered by the London Times, failed to discover the writer.

Behold this ruin, T'was a skull
 Once of Ethereal Spirit full ;
 This narrow cell was life's retreat ;
 This space, was thoughts' mysterious seat ;
 What beauteous visions filled this spot,
 What dreams of pleasure long forgot :
 Nor love, nor hope, nor joy nor fear
 Has left one trace of record here.

Beneath this mouldering canopy,
 Once shown the bright and busy eye ;
 But start not at the dismal void,
 If social love that eye employed,
 If with no lawless fire it gleamed,
 But through the dew of kindness beamed,
 That eye shall be forever bright
 When stars and suns have lost their light.

Here in this silent cavern hung
 The ready, swift and tuneful tongue ;
 If falsehoods' honey it disdained,
 And where it could not praise was chained,
 If bold in Virtue's cause it spoke,
 Yet gentle concord never broke,
 That tuneful tongue shall plead for thee
 When death unveils eternity.

This orifice was once the ear,
 The instrument which used to hear ;
 If it was closed to what was wrong,
 And deaf against the siren's song,
 But if it broke with tenderness
 To hear the moanings of distress,
 Then shall it thrill through endless years,
 Unto the music of the spheres.

Say, did these fingers delve the mine
 Or with its envied rubies shine ?
 To hew the rock or wear the gem,
 Can nothing now avail to them ;
 But if the page of Truth they sought,
 Or comfort to the mourner brought,
 These hands a richer meed shall claim
 Than all that waits on wealth or fame.

Avails it whether bare or shod
 These feet the path of duty trod ?
 If from the bower of Joy they fled
 To soothe afflictions humble bed ;
 If grandeur's guilty bribe they spurned
 And home to virtue's lap returned,
 These feet with angels' wings shall vie,
 And tread the palace of the sky.

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Sanmetto in Urethral Stricture. Dr. Jos. Swindell, of West Burlington, Iowa, writing, says: "I have used Sanmetto for several years. I find nothing that suits me as well in genito-urinary diseases. I am using it right along in conjunction with treatment of urethral stricture. It soothes, checks and prevents smarting and inflammation that is so common after passage of bougie. Its ease of administration and formula should recommend it to the profession."

Everybody knows the condition—it's so extremely common and rebellious; some physicians call it general debility, or malnutrition, or nervous exhaustion, or a host of other names. Whatever its name or its cause, there exist the very striking facts that the blood has been impoverished, the nervous system ravished, the vitality sapped out. It would seem extremely rash to make the statement that any one remedy is equally efficacious in all of these cases, particularly so when the usually employed tonics—iron, strychnine, cod liver oil, etc.—have utterly failed. Yet such is the statement of thousands of physicians whose names are synonyms of eminence, integrity, ability; physicians who represent all that is best in ethical, scientific medicine. It is this class of physicians who make the unqualified assertion that Gray's Glycerine Tonic Comp. is uniformly effective in malnutrition, general debility, nervous prostration—whether the condition accompanies organic disease, acute infectious diseases or exists without ascribable cause. Gray's Tonic begins aright in these cases; it makes a friend of the rebellious stomach—makes it docile, receptive, retentive. The patient improves from the start—has more strength, less depression and exhaustion. The physician notes the patient's ability to eat, digest and assimilate food—the dormant nutritive functions seem to assume new life. The blood rapidly regains the necessary elements for healthful nutrition of the entire body—the red blood corpuscles and haemoglobin increase hand in hand; nervous force, vitality, is re-engendered; irritability, sleeplessness and exhaustion disappear. Restoration of constitutional vigor and return to health is but a natural sequence; it usually results in a surprisingly short time. Skepticism as to the truth of these facts may be entertained by those who have never given Gray's Tonic a fair clinical trial; but with those physicians who have tried the remedy, skepticism has yielded to the inexorable verdict of facts—actual, accomplished results. The experience of countless physicians leaves no ground for doubt that Gray's Tonic is the remedy *par excellence*—the pleasant, uniformly effective remedy—in waste of tissue and impoverishment of blood and vitality. Its rapidity of action is especially noticeable in convalescence from typhoid fever, la grippe, pneumonia and other exhausting ailments. Its uniformity of action is a certainty in all.

Gray's Glycerine Tonic Comp. owes its distinctive value to the proportion of the contained ingredients and their manner of combination. All imitations lack these characteristics of the original and are consequently of inferior value.

A Corrector of Iodism.—Dr. W. H. Morse reports (Southern Clinic for May) success in the use of Bromidia, which he says has proved corrigent of Iodism. Discussing his results he says: Vomiting is so frequent and troublesome a symptom, in many diseases besides irritation and inflammation of the stomach, as to demand much practical attention from the physician. So, although the causes are so various, and although we are actually treating a symptom, for this symptom Bromidia is remarkably effectual. We have all employed the remedy for colic and hysteria, two disorders where nausea and vomiting are as pronounced as they are persistent, and almost the first evidence of relief is shown by the disappearance of these disagreeable symptoms. It is quite as efficacious for the nausea and vomiting from ulcer or cancer of the stomach. There is nothing that will more quickly check the vomiting, and the hypnotic effect is quite in order.—*Medical News.*

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SCOTT & BOWNE, Chemists, 409 Pearl St., New York.

American Association of Orificial Surgeons.

The American Association of Orificial Surgeons will hold its next annual meeting in Chicago, September 18th and 19th, 1901. Although quite separate, Prof. Pratt's "Clinic" will be held the same week, beginning September 16th. To those familiar with orificial methods and their practical application to the cure of chronic diseases, no special appeal need be made, other than to urge their presence or attendance at this meeting, as it promises to be one of the best held since the organization of the Association. Lectures and papers have been promised by some of the most prominent medical men of the country. The discussions will be lively and interesting and one's knowledge of the work will be brightened and widened. To those who are not familiar with orificial ideas, theories and practices, we can say that there can be no more auspicious time to gain a practical knowledge of orificial surgery than at this meeting of the Association. The whole field will be brought within reach.

Due attention will be given to preparatory work, and fundamental principles thoroughly expounded and illustrated by some of the brightest surgeons of this country. Due attention will be given to after-treatment, therapeutical and otherwise. Papers and discussions will embrace the whole idea and give the sum and substance of more than fifteen years work along lines that have yielded prodigious success to the surgeon and general practitioner. No live man can now afford to ignore orificial surgery or be absent from this meeting.

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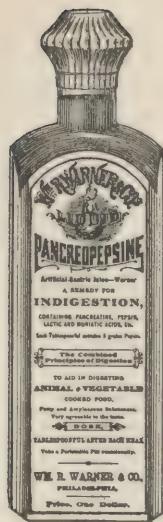
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Mississippi Medical Record.

VOL. V.]

OCTOBER, 1901.

[No. 10.

ORIGINAL CONTRIBUTIONS.

VENEREAL DISEASES.

BY R. FRANKLIN NIMOCKS, M. D., POPLARVILLE, MISS.

I deem it absolutely essential that I say at the beginning of this article, by way of an apology, that owing to the limitedness of my vocabulary I consider it inexpedient for me to attempt to express my insignificant ideas in very elaborate language and for that reason I shall endeavor to use brief and concise terms to convey my ideas, and if I fall short of making this article either instructive or interesting to one who reads it I sincerely beg pardon for the attempt.

My reason for selecting venereal diseases as my subject is, the large majority of us are too prone to examine our patients with venereal diseases carelessly and indifferently and to prescribe for them hurriedly and thoughtlessly with no regard whatever as to whether or not our treatment and management of the case is upon modern scientific and enlightened principles. We are too likely to have routine treatment through which we put all, each and every one of our patients and if the disease yields to same all is well, if it does not then we are to be blamed for not having studied the case more carefully, watched its progress more closely and varied our treatment accordingly.

The majority of authorities now agree that there are primarily three distinct and separate venereal diseases, viz: chancreoid, syphilis and gonorrhœa.

CHANCROID.

This affection is variously known as chancre, soft chancre, etc., but of all, chancreoid is the most appropriate as it is not so calculated to lead to ambiguity. This is purely a local affection and can under no circumstances or conditions whatever become constitutional. This affection is always perpetuated by contagion and intercourse is the most usual way of contact but not the only way. A physician dressing or examining a chancreoid may have an abrasion on his hand and the chancroidal virus coming in contact with this abrasion a genuine chancreoid may be the result. When it appears on the penis it is always the result of intercourse and not the result of injury as some patients would have us believe. It is now universally conceded that chancreoid is dependent upon micro-organisms as the causative factor in its production. This is well illustrated by the highly contagiousness of the pus.

Symptoms: Chancreoid always appears within ten days after contact. Its appearance at first is pustular; this pustule soon ruptures and a little thick fluid escapes; this leaves a small jagged edged ulcer, which if left alone increases rapidly in size and secretes abundantly a thick purulent fluid. This secretion coming in contact with the healthy mucous membranes causes other chancroids to form and then there will be many instead of one. The appearance of edges re-

mains jagged, often undermined ; the appearance of the ulcer is white, greyish or greyish-yellow. There is no induration at the base. It is autoinoculable. Inflammatory ganglionic enlargements which frequently terminate in pus-formation. Chancroid is imperfectly transmissible to animals.

Diagnosis : If history can always be correctly elicited the diagnosis is easy. If not, and it cannot always, then we have some differentiations to make. The most important one is to differentiate between chancroid and genuine chancre. This differentiation will be considered under diagnosis of syphilis. Now I do not wish you to understand me as saying that chancre is the only trouble with which chancroid may be confounded, but it is the most important one and the one we are called upon most frequently to differentiate.

Complications : While the complications of chancroid are very important I shall not, now, try to consider them other than mention those most deserving of notice. They are, lymphangitis—inflammation of the lymphatic vessels, lymphadenitis or bubo, phimosis, periphimosis, and phagedena.

Prognosis: Good if properly treated.

Treatment : Constitutional treatment is of secondary consideration. Rest, regulation of bowels, good nutritious easily digested food. Allow patient greasy food and alcoholic stimulants only moderately. The administration of some good general tonic may be advantageous. Sulphid of calcium and bichlorid of mercury may prove very beneficial.

Local treatment is the one by far the most important and is the one we should rely almost entirely upon to accomplish our purpose. Perfect cleanliness is absolutely essential. In simple chancroid this alone will frequently effect a cure. A very satisfactory treatment is to render the chancroid and surrounding part thoroughly clean with a weak solution of carbolic acid or bichlorid of mercury, spray with hydrogen peroxid and dust with aristol (I would say Iodoform but for its odor). If the patient be ignorant or careless spray the lesion with a 10 per cent. solution of cocaine and cauterize. For this purpose the actual cautery is by far the best. If for some reason the actual cautery cannot be em-

ployed then chemically pure nitric acid or liquid carbolic acid may be employed. After this apply some light protective dressing. The probabilities are you will meet with very happy results if the above treatment be carried out.

SYPHILIS.

Syphilis is a specific disease, chronic in course and making its primary manifestation by the appearance of a chancre at the place of contact with the virus and in due time is followed by characteristic secondary and frequent tertiary manifestations which may involve each and every tissue in the body though the connective tissue is likely to suffer most severely.

After studying this subject very carefully I have decided that the best way for me to keep out of the mire in this paper on syphilis is merely to give differential diagnosis between primary syphilis and chancroid, together with some practical suggestions relative to the hygienic, dietetic and medicinal treatment. I shall, therefore, undertake to discuss this subject very briefly.

Before giving the differential diagnosis I wish to refer to some points of special interest regarding syphilis as given by Dr. Frank Gleen, of Nashville, Tenn., which have been of very material benefit to me and I hope they will be of interest to the profession generally. I refer to these points by special permission from Dr. G. They are as follows:

1. "Syphilis is a specific disease due to the presence of a specific virus in the system."
2. "It is contracted by actual contact with the virus and in no other way."
3. "There is a distinct period of time in every case between the date of contact and the appearance of the chancre, which constitutes the period of incubation. This period is usually three weeks, though it may be as short as ten days or as long as three months."
4. "A person being affected with syphilis is not liable to future attacks."
5. "Chancre is sure to be followed by secondary symptoms, even if proper treatment is commenced early."
6. "Syphilis can be contracted by contact with a syphilitic lesion either primary or secondary; also from the

blood of persons in the secondary stage, and probably in the primary.

7. "A man should not marry until at least two years have passed since the appearance of chancre, having during that time, gone through a proper course of treatment, which, if necessary, may be continued afterwards. There is no harm to himself or wife (if due care is taken) after the first year, but the offspring may suffer."

8. "That syphilis can be cured, should no longer be a disputed point, though some eminent observers still claim it incurable."

9. "The dread of syphilis is far worse for the patient than the disease. There is no disease known whose symptoms are more amenable to treatment, yet a syphilitic is constantly brooding over his "terrible malady" considering every ache, pain, pimple, cold, etc., as manifestations of the disease—Syphilophobia, therefore, (the dread of syphilis) is a worse disease to contend with than syphilis, for we can cure the latter but the former is hard to remove from the mind."

10. "Syphilis is a disease that is no respecter of persons—the young, the old, the rich, the poor, the healthy, the delicate, are all liable to contract it. It is found from the humblest hovel of the hard-handed laborer, to the most magnificent palace of the land—in the babe nursing its mother's breast, and the old man trembling near the grave."

11. "It is possible for a person to convey the disease and not have it himself. For example, a man who has syphilis may have connection with a healthy woman and during the act some of the matter be deposited in the vagina. In a short time afterwards another man has connection with the same woman, comes in contact with the poison deposited by the former, and as a result is in due time affected with syphilis, while the woman remains healthy."

Before leaving these points of special interest as given by Dr. Gleen I wish to say that I was much more brief with them than was Dr. Gleen.

Differential diagnosis :

Syphilis (Chancre):

1. Nature—Always a constitutional trouble.
2. How contracted—Frequently not venereal.

3. Cause—Contact with the initial lesion of syphilis (chancre). Vaccination with syphilitic blood, and from excluding lesion of secondary manifestation.
4. Incubation—Never earlier than ten days. Most usually twenty-one days. Sometimes prolonging three months.
5. First appearance—Papule or eroded spot, soon ulcerates.
6. Number—Almost always only one. Rarely multiple and when this does occur, they almost invariably appear simultaneously and not successively.
7. Locality—Usually upon or near genitals, not infrequently extra-genital.
8. Surface—Smooth, red and fiery. Shining or copper-colored. Sometimes dry and scaling.
9. Shape—Round or oval usually.
10. Depth—Sometimes excavated with smooth and sloping edges. Most frequently superficial.
11. History—Not found in patients who have had syphilis.
12. Induration—Almost constant. Cartilaginous, terminating abruptly, well defined. Is not sensitive and moves readily upon surrounding tissues.
13. Secretion—Scanty and serous.
14. Inoculability—Never auto-inoculable unless some unusual irritation influences an abundant discharge of purulent pus, then it only produces a local sore. Persons not syphilitic inoculable—syphilitics not incurable.
15. Bubo—Constant, though the glands are usually only slightly enlarged. Indurated, no evidence of inflammation after first two or three days.
16. Course—Progresses slowly, standstill nature, heals slowly.
17. Immunity—One attack guards as safely against another as does one attack of small-pox guard against future attacks.
18. Phagedena—Rarely attacks.
19. Transmissibility to lower animals—Hardly probable that it is transmissible to lower animals. Possibly in apes and monkeys.
20. Sensibility—Not tender.

21. Prognosis—Always followed by secondary manifestations. Chancre heals.

22. Treatment—Local, only slightly effective; constitutional, yields readily to treatment.

Chancroid :

1. Always a purely local disease and can under no circumstances or conditions become constitutional.

2. How contracted—Most usually venereal.

3. Cause—Immediate contact with chancroidal pus either from chancroid or chancroidal bubo.

4. Incubation—Usually develops on second or third day. Sometimes earlier, sometimes later, but always within ten days.

5. First appearance—Pustule or ulcer. If pustule it soon ruptures and leaves an ulcer.

6. Number—Almost always multiple appearing simultaneously or successively, most usually successively.

7. Locality—Most usually on genitals or neighboring parts. Sometimes extra-genital.

8. Surface—Uneven, grayish, whitish. Always moist.

9. Shape—Irregular and jagged or may be same as chancre.

10. Depth—Deep, perforates entire thickness of skin or mucous membrane.

11. History—May have had syphilis.

12. Induration—Rare present, when present is of inflammatory origin and gradually fades into the surrounding tissues.

13. Secretion—Abundant, purulent, whitish and yellowish.

14. Inoculability—Always auto-inoculable upon other's nature, most usually suppurates, never indurated.

15. Bubo—Only present in one-third of the cases, of inflammatory nature, most usually suppurates, never indurated.

16. Course—Progresses rapidly if not properly treated. Heals slowly.

17. Immunity—One attack renders no immunity whatever, can have an indefinite number of attacks.

18. Phagedena—Occurs occasionally.

19. Transmissibility to lower animals—Imperfectly transmissible.

20. Sensibility—Very tender.

21. Prognosis—Heals readily if properly treated.

22. Treatment—Local, yields readily; constitutional, no effect comparitively.

Prognosis—If can get cooperation of patient and if properly treated, good.

Treatment—This is one of the most amenable of all diseases to treatment. We should keep our patient under our supervision for at least two years. Syphilis runs a regular course with a tendency toward recovery. It is a self-limited disease. If the patient is not of a scrofulous or cancerous diathesis and will regulate habits and diet he will invariably get well, without treatment. Even some authorities go so far as to say, if the patient will adhere strictly to the hygienic and dietetic laws governing the treatment of syphilis that they will recover just as quickly as when under specific treatment. Do not rely too much on that. Commence treatment immediately after conclusive diagnosis is made and continue until your patient is well. Mercury in the primary and secondary stages, and iodin in the tertiary stage are specific remedies. A combination of the two, proportions varying according to the stage, is the preferable way to prescribe these remedies because mercury is not then allowed to accumulate in the tissues.

As to the hygienic rules to be observed in the treatment of syphilis, I shall again briefly quote Dr. Gleean.

1. The patient should strictly abstain from all forms of hog meat.

2. He should abstain from the use of alcoholic stimulants.

3. It is best not to use tobacco.

4. The body should be kept clean.

5. The teeth should be carefully attended to.

6. Be moderate in all things.

With the observance of these rules, and the proper treatment patients will generally do well, although no rule will apply to every case.

For fear of making this article too lengthy I shall not now, consider gonorrhea.

Of all branches of medical science this is the most sadly neglected. Venereal diseases are as genuine diseases as are typhoid, malarial and scarlet fevers, then, why are they not as equally deserving of our most serious consideration? *They are*, and if I can impress this fact upon the mind of one practitioner more forcibly than he has ever before been impressed and if it be the cause of a more careful study of this subject, a more careful diagnosis of this class of diseases and a more scientific treatment of them, then the object of this article will have been accomplished. Allow me again to emphasize the importance of these troubles, the importance of an early and correct diagnosis. Be careful, always watchful because an incorrect diagnosis may in a certain respect, blight your patient's future. I have in mind, now, an instance where a man failed to get a life insurance on account of a careless physician diagnosing chancroid, chancre. An incorrect treatment and management may result seriously if not disastrously.

CLINICAL LECTURE OF HOWARD KELLY.

REPORTED BY JULIUS CRISLER, M. D., BALTIMORE, MD.

Gentlemen : The first case I will show you is the practical catheterization of the ureters. First put the patient in knee chest position, and to begin with separate vulva and let air into vagina ; next I take a dilator I had made and dilate in an instant to size ten, which is about equal to end of finger. I next introduce a No. 10 cystoscope I had made and by the aid of my head mirror and good light on sacrum, preferably electric, but in its absence a bicycle lamp will do (you notice first I have darkened the room)—I am now able by reflecting the light to observe the entire interior of bladder, and have often found stones overlooked by other methods. I now can observe on each side the openings of the ureters and can readily pass my catheter (2 1-2 m. m. in size) even to pelvis of kidney. If the end of the catheter is dipped in sterile dental wax and olive oil aa., and it comes in contact with a stone in the kidney, one can easily see the scratches.

I am not only able to collect urine from either kidney if necessary, but will leave the catheters in situ while I do a

pan hysterectomy (by abdominal route) in few minutes for complete removal of carcinomatous cervix and the catheters will be readily felt and will help me avoid injuring the ureters.

The patient is now ready and I have opened the abdomen and ligating vessels on each side of uterus and can easily feel the catheters and avoid them which will keep the ureters out of harm's way. I have cut through broad ligaments and directed to and cutting through the vaginal fornix below the cervix and, as you see, have removed everything and can feel assured I have not wounded the ureters. It is very comforting to know too these little tubes have been missed. You may recall yesterday how I accidentally wounded one even while the catheter was in place and you recall how easy it was recognized and repaired.

The next case is a severe cystitis and we will put her in the knee chest position and use the cystoscope. She has had a small pledget of cotton soaked in 5 per cent. sol. cocaine and applied to the urethra and you see there is very little difficulty in introducing the cystoscope. I find the mucosa intensely inflamed and two small ulcer-like spots. I am touching these with a solution nitrate silver 50 grains to ounce and shall order her irrigated with hot 1-1000 silver nitrate solution each day—using large quantities. I often find cases very severe yield to this treatment. I am fond of using large quantities hot boracic acid solution if urine is alkaline and borax and soda if urine is acid. If the case persists I drain the bladder, introducing a knife (I have especially devised one) through the cystoscope and making a large vesico-vaginal fistula. This gives great relief.

The next case is a relaxed vaginal outlet. I prefer calling it that than laceration, for often seen with marked relaxation no tear is visible. The patient also has a laceration of cervix but that is something seldom requiring repair—I practically never do it. For the relaxed outlet you see I am doing the Emmet operation and am always pleased with the result.

The next case is a floating kidney. The patient had marked dolor colicus and one is able to locate a mass on right side near umbilicus which has the feel and outline of a kidney and by manipulations it sweeps back into its position.

We now have her almost on her face with Edibohl's pillow under across the abdomen. I now make a curved incision, about four inches long beginning about one inch outside of erector spinal muscle just below the last rib and descend slightly toward the anterior superior spine. I have cut through skin of fascia and come down to the aponeurosis of external oblique and latissimus dorsi and am able to separate them at their junction and pull the lateral dorsi back and at the junction of internal oblique and quadratus lumborum by making a small puncture the kidney fat bulges into the wound—and by enlarging this wound by stretching I am able to come directly upon the kidney. By now pushing the fat anteriorly, being very careful not to wound the colon, the kidney is easily exposed. I never deliver the kidney, nor do I believe it is justifiable, nor do I believe in fixing it by the use of gauze passed under each pole, scarifying the capsule as some operators do.

I now pass a suture through the quadratus lumborum, then through the cortex, out and through the cortex again, out and through again, making a triangle, then through the quadratus lumborum and tie.

I pass two such sutures and by testing find each one has the strength of three and one-half passed in ordinary way, so my two are really equal to seven sutures. I now stitch up the wound, first muscle and fascia, then skin.

I am always highly pleased with the result.

THRUSH.

BY C. R. HENDERSON, M. D., DEASONVILLE, MISS.

With the advent of warm weather it is quite common for children to be troubled by gastro enteric irritation. Usually a laxative and intestinal antiseptic is promptly curative.

Recently saw a delicate boy of five years who had fever, complained of head and bowels. Prescribed aconitina and salines, which after a time not acting freely on bowels castor oil was substituted for the salts which after the third dose moved efficiently, fever at once leaving.

He then complained intensely of his mouth which on inspection presented a thrush with, as I apprehended, a disposition to become gangrenous. I at once put him on calcium sulphide and ecfalta in alternate doses of three hours. As a lotion dilute ecfalta, soon signs of improvement were manifest, which were fully established. I changed the prescription to calcium iodide and nuclein with as a mouth wash of hydrogen peroxide one part to twenty of water, with a result equally gratifying to the little boy as myself.

As a nourishment we gave him ice cream which he took readily and almost adlibitum, for I conceived it necessary to sustain him while the calcium and nuclein destroyed and eliminated the ptomaines from his system. Anemia was so manifest that I felt great uneasiness for the little fellow's safety; but shall lean with still greater confidence on the calcium and nuclein and in future never be unmindful of the gratifying effects of ice cream on the little fellows in hot weather.

ABSTRACTS AND EXTRACTS.

THE PROPAGATION OF YELLOW FEVER; OBSERVATIONS BASED ON RECENT RESEARCHES.

BY WALTER REED, M. D., SURGEON U. S. ARMY.

Three facts determined the course taken by the Yellow Fever Commission in Havana:

1st. "Attendance on patients by non-immune nurses, in every stage of the malady, involved no danger."

2d. "The discharge of patients during early convalescence, and their return to the companionship of their comrades with apparently no danger of establishing fresh foci of the disease."

3d. "No bacterium (from cultures) was obtainable by æratic methods, in certain of our cases, either during life or after death."

The theory that the spread of yellow fever could not be explained by the assumption of a diffusible miasm in the atmosphere, but required the presence of an intermediate host, appears to have been first advanced by Dr. J. C. Nott, of Mobile, Ala., in March, 1848. His views were given in full in the *New Orleans Medical Journal* for that year. It was also in this paper that Nott suggested the mosquito as the possible agent in the dissemination of malarial fevers. He evidently did not have in mind the mosquito as the bearer of the yellow fever poison, but rather that this important office was performed by some insect or insects that remained very close to the ground.

To Dr. Carlos J. Finlay, of Havana, must be given, however, full credit for the theory of the propagation of yellow fever by means of the mosquito, which he proposed in a paper read before the Royal Academy in that city at its session on the 14th day of August, 1881.

"Camp Lazear was placed in an open field, which was fairly swept at all times by the prevalent winds, and having a military garrison each of whose members had been personally selected by reason of former good conduct and interest in the work to be here undertaken, no difficulty whatever was experienced in maintaining the strictest quarantine against the outside. Here we proposed to attempt the infection of non-immune individuals in three ways, viz: first, by the bites of mosquitoes that had previously bitten cases of yellow fever; secondly, by the injection of blood taken during the early stages from the general circulation of those suffering with the disease, and, thirdly, by exposure to the most intimate contact with fomites. For this purpose, in addition to the seven tents provided for the quartering the detachment, two frame buildings, each 14x20 feet in size, were constructed. These buildings, having a cubic capacity of 2,800 feet, were exactly similar, except that one of them, known as the "Infected Mosquito Building," was divided near the middle by a permanent wire screen partition and had good ventilation; while the other, designated as the "Infected Clothing Building," was purposely so constructed as to exclude anything like efficient ventilation. These houses were placed on opposite sides of a small valley, about eighty yards apart, and each seventy-five yards distant from the camp proper. Both houses were provided with wire screen windows and double wire screen doors, so that mosquitoes could be kept without or within the buildings, as the experimenter might desire."

The tabulated results of the experiments are as follows:

No. of Case	NAME	INOCULATION		Method of Inoculation	Incubation hours	Result	Order of Occurrence	Date of Occurrence
		Hour	Date					
I	Kissinger	2 P. M.	Dec. 5, 1900	Mosquito	81½	Positive	I	Dec. 8, 1900
II	Fernandez	4 P. M.	Dec. 8, 1900	"	137	"	III	Dec. 13, 1900
III	Beningo	10:30 A. M.	Dec. 9, 1900	"	83½	"	II	Dec. 12, 1900
IV	Presedo	4:30 P. M.	Dec. 11, 1900	"	91½	"	IV	Dec. 15, 1900
V	Moran	12 Noon	Dec. 21, 1900	"	95	"	V	Dec. 24, 1900
VI	Alvarez	10 A. M.	Dec. 26, 1900	Blood Injection	Negative		
	Alvarez	10 A. M.	Jan. 8, 1901	Mosquito	"		
VII	Martinez	11 A. M.	Dec. 30, 1900	"	94½	Positive	VI	Jan. 3, 1901
VIII	Jernigan	11 A. M.	Dec. 28, 29, 1900	"	Negative		
	Jernigan	11 A. M.	Jan 4, 1901	Blood Injection	94	Positive	VII	Jan. 8, 1901
IX	Olsen	9 P. M.	Jan. 8, 1901	"	60	"	VIII	Jan. 11, 1901
X	Folk	8:30 P. M.	Jan. 18, 1901	Mosquito	95½	"	IX	Jan. 23, 1901
XI	Forbes	1 P. M.	Jan. 22, 1901	Blood Injection	43	"	X	Jan. 24, 1901
XII	Andrews	12:15 P. M.	Jan. 25, 1901	"	73		XI	Jan. 28, 1901
XIII	Weatherwalk	10:30 A. M.	Jan. 25, 1901	Mosquito	Negative		
XIV	West	9:30 A. M.	Jan. 31, 1901	"	74½	Positive	XII	Feb. 8, 1901
XV	Hanberry	11 A. M.	Feb. 6, 1901	"	78	"	XIII	Feb. 9, 1901
XVI	Sontag	2 P. M.	Feb. 7, 1901	"	60	"	XIV	Feb. 10, 1901

" You will recall that we undertook at Camp Lazear still a third method of propagating this disease, viz: by fomites. I must now tell you that during the whole time that we were producing cases of yellow fever by the bite of the mosquito and by blood injection, we were leaving no stone unturned in order to produce the disease by contact with fomites. Sleeping every night in the "Infected Clothing Building," to which no sunlight ever came, and in which the circulation of air was purposely made as defective as possible; engaged in the morning in packing boxes with garments much soiled by contact with the bodies and excreta of yellow fever patients, and at night unpacking these same boxes in order to obtain articles for their beds and clothing for their bodies; in other words, sleeping in the very beds and garments just vacated by cases of yellow fever, seven non-immune young Americans, averaging each twenty-one nights amidst such uninviting surroundings, came out of this pest house, so to speak, at the expiration of their term, none the worse for their experience. Not one had contracted the disease."

Major Harvard, Chief Surgeon, Department of Cuba, in a recent report, after describing the thorough work which had been done by the sanitary authorities and its marked effect upon the reduction in deaths, especially from tuberculosis, goes on to say; "It is certain that in Havana, in 1900, no visible correlation could be seen between dirt and yellow fever; the district which became first strongly infected lies east and south of the Parque Central, and is one of the cleanest and best constructed, while the most insanitary wards be-

came infected late in the season and only to a slight extent; the malodorous district reserved to houses of ill-fame hardly had a case. Yellow fever has not followed the poor and unclean, nor the mark of previous infection, but rather the movement of non-immunes; wherever these located, there the infection searched and found them, regardless of the hygienic conditions of their premises."

What is the sanitary story, then, for the year 1900? Simply that with the return of summer weather and the continued influx of new material, and in spite of unremitting efforts to keep the city clean, Havana has experienced a more serious epidemic of yellow fever, affecting its civilian population, than it has had during the preceding twenty years. Need we now express surprise at such a result? Have we not seen at Camp Lazear, under the very best hygienic surroundings, six individuals attacked with yellow fever, after a few short visits to a *new* building whose foundations stood on the unbroken turf and whose rooms were filled with sunshine and with an atmosphere just swept in from the ocean, at the very moment of infection? Where then, gentlemen, shall we look for the agent that is vitally concerned in the propagation of yellow fever? In the light of these newer observations which I have had the pleasure of presenting to you, I believe that we may affirm, with some degree of confidence, that here, substituting *culex* for *anopheles*, we have to deal with the same source of infection to which we now trace the malarial fevers—the mosquito.—*Medical Record*, Aug 10.

THE MOSQUITO AN INSIGNIFICANT FACTOR IN THE PROPAGATION OF YELLOW FEVER.

BY JOHN H. PURNELL, M. D., OF VICKSBURG, MISS.

State Health Officer in charge of the Epidemics at Edwards, Miss., 1897 and Jackson, Miss., 1898.

The fomites theory of the transmission of yellow fever is as old as the knowledge of the disease. Its acceptance was practically universal until the Pan-American Medical Congress in Havana, Cuba, in February 1901.

"The claim that the mosquito, alone and unaided, was solely responsible for the distress, desolation and death, resulting from epidemics, seemed a little less than marvelous.

Many—and some in high places—in the Medical World, accepted the new dictum without a word of protest, and have already advised the abandonment of the protective measures now in vogue against the introduction of the yellow fever

germ, and declare them to be unnecessary and unscientific. Others cling to the old customs, and marvel at the complete annihilation of the accepted theories of years, by a series of experiments conducted in a camp, on eighteen or twenty subjects, in the winter season, when the virulence of the yellow fever germ is on the wane."

Comparing the reports of the experiments at Havana with the reported observation of Camp Joe Williams, near Memphis, Tenn., in 1878, the following points are made:

1st. "If the bedding and clothing in the hospital at Camp Joe Williams during the *summer* weather did not become infected is there not good reason to suppose that the material taken from Los Animas Hospital and Quemadas in November and December escaped likewise?

2d. All bedding and clothing coming from the infected city was burned and while yellow fever developed in those who had become infected before leaving the city none occurred in any other—is it not reasonable to suppose that the precautionary measures were responsible for the immunity?

3d. Since it is known that mosquitoes abound around the suburbs, as well as in the city, of Memphis and as no measures were adopted looking to the destruction of the pests, is it reasonable to suppose they would have confined their stings to the inhabitants of the city and permitted the camp to remain unmolested?"

The ability of the mosquito to convey the infection is admitted and the question is asked: "Where did the primary infection come from?" Cases are cited in which the period between exposure to infection and the development of the disease was markedly less than is required when the mosquito is the intermediary host. Other cases cited show the infection lasting over a period of time, and under conditions, impossible for the existence of the mosquito.

"Several instances, within the last few years, in the South, have occurred where yellow fever has been completely stamped out, without, so far as is known, the killing of a mosquito. In 1899 the disease appeared in the Soldiers' Home at Fortress Monroe, and by establishing camps, and prosecuting sanitary measures, the epidemic was promptly checked. No effort was directed toward mosquito extermination, nor was there in the control of the fever at McHenry, Miss., by the Marine Hospital Service and the Mississippi State Board of Health.

The prompt measures adopted by the Mississippi State Board of Health, at Clinton, Miss., in 1897, confined the fever to one portion of the town, but their method did not molest the mosquito. * * * If the combating of yellow fever

has been accomplished by controlling and destroying other agents than the mosquito—under conditions where the mosquito has been absolutely ignored and permitted to pursue his own sweet way, then it seems the mosquito has not been proven guilty of being the sole conveyor of the yellow fever germ, and we will do well to continue our search before crying "Eureka".—*Philadelphia Medical Journal*, Aug. 3rd.

MATERNAL IMPRESSIONS Do Not Cause the Stigma of Degeneration.
Charles E. Woodruff, M. D.

The author believes that maternal impressions do not cause the stigma of degeneration. He believes that none of the other false popular beliefs causes so much worry and distress, nor leads to such absurd conduct on the part of pregnant women, and that much practical good will come from every attack upon this absurd idea. This article contains many references from the literature of the subject which are of general interest.—*American Medicine*, July 27.

RENAL FUNCTIONS and Life Insurance. Clinton G. Hickey, M. D.

The author has ascertained that about one-sixth of the applications for life insurance are refused, all causes being taken into consideration, and that at least one-fourth of these rejections are based upon the presence of albumin in the urine, although not all of these are suffering from irreparable damage of the kidneys. The question of albuminuria still continues, as it has been a moot one. The number and variety of the pathological relations under which albumin may appear in the urine compel us to regard it as dependent not only upon inflammation, grave congestions and other coarse organic changes, but upon slight variations in the mechanical conditions of the circulation in the kidney. Excluding accidental admixtures of blood or pus from the bladder or urethra, albuminuria is met with in not only acute and chronic Bright's disease, but in diseases of the heart, lungs, and liver, in peritonitis, pregnancy, abnormal tumors, in most febrile and inflammatory diseases. In many cases of poisoning, cancer, tubercle, and syphilis; in lardaceous disease, in anemia, debility, dyspepsia, scurvy, after paroxysmal hemoglobinuria, in gout, in delirium tremens, in various diseases of the brain and spinal cord, in epilepsy, in certain skin diseases, as well as in apparently healthy persons after bathing, exercise, etc.—*Medical News*.

ELIMINATION OF PERITONEAL INFECTION AND PREVENTION OF SURGICAL PERITONITIS. By Dr. John G. Clark.—The peritoneum has an enormous absorbing function, being capable of taking up three to eight per cent. of the entire body weight in an hour. Minute solid particles are carried in an incredibly short time into the blood circulation by which they are quickly distributed to the abdominal organs and to the bone marrow. After the introduction of micro-organisms into the peritoneal cavity, there is a great decrease in their number within the first hour, both through their intraperitoneal destruction and through their rapid absorption into the general system where they are dealt with. There is, therefore, no possibility of limiting free infectious material to any part of the peritoneal cavity by mechanical means. The author believes that drainage as ordinarily employed is superfluous, or even dangerous, and that the rational method is to remove all possible debris and infectious matter by thorough irrigation, and then to leave one litre of a six per cent. salt solution in the abdominal cavity. To promote and hasten natural drainage this should be supplemented by an enema of a litre salt solution given while the patient is well under anaesthesia and in the Trendelenburg posture. Under this plan the patient is greatly stimulated, shock is minimized or averted, the urinary excretion is greatly increased, and toxic matters are thus more easily eliminated without irritation to the kidneys or bladder, peritoneal infection is quickly eliminated while yet minimum in amount, thirst is alleviated or entirely prevented, intestinal peristalsis is promoted, and consequently tympanites is of no less frequent occurrence, and the early action of the intestines evacuates infectious matter thrown out into this canal by the blood vessels of the vili.—*Jour. Amer. Medical Association*, Aug. 10.

A MEDICAL BOARD TO EXAMINE CALDAS AND BELLIGRAPHI'S YELLOW FEVER SERUM.—An order has been issued at the war department, Washington, convening at Havana a board of medical officers headed by Major Havard, chief surgeon of the Department of Cuba, for the purpose of examining into the proposition of Dr. Caldas and Dr. Bellengraphi, who will submit a cure for yellow fever and a serum designed to prevent the contraction of that disease. Dr. Caldas is a Brazilian, and his proposition recently was submitted to the war department by the Brazilian minister. A letter has been received at the surgeon-general's office from Major Havard saying that two suspected cases of yellow fever had been discovered in Havana. In connection with these experiments the yellow fever commission will supply the mosquitoes. The commission has eight insects which have bitten a person suf-

fering with a bad case of yellow fever. Two of the mosquitoes subsequently bit two persons, who have since developed well-marked attacks of the disease. The eight mosquitoes will be divided into two divisions. Two persons whom Dr. Caldas will inoculate with his serum will be bitten by two mosquitoes each. The other four mosquitoes will bite two non-immunes, two each. As all eight mosquitoes were infected from the same person, and as two of them have already given yellow fever to two persons, it is inferred that the arrangement will afford a good test of the preventive value of the serum, although other experiments will probably be conducted.

Since the foregoing was written Major Havard has announced that the mosquito tests as a propagation of yellow fever will be discontinued. This decision was reached because one of the non-immunes who was recently bitten by an infected mosquito has died of yellow fever. The man, who was a Spaniard, desired to become an immune and therefore allowed himself to be bitten by the mosquito. Another man who was bitten is also dead.

According to Major Havard, the cases due to mosquito infection prior to the latest two were light. But, as the insect infection has assumed a more dangerous form than the first experiments led the Yellow Fever Commission to expect, it is now thought best not to allow Dr. Calda's and other experiments in this line.—*New York Medical Journal*, Aug. 24th.

VISKOLEIN, now in its fourth season, is a very important and valuable agent in the treatment of fevers. It has been thoroughly tested in both hospital and private practice, and is said to abort fevers in the majority of cases. Dr. J. E. Givhan, Pontotoc, Miss., says, "I am one of the regular physicians who claim that Viskolein will abort many cases continued fevers, yes, I claim it will abort many cases typhoid fever."

Physicians who are unacquainted with Viskolein should write the Viskolein Company, 221 Fulton Street, N. Y., for literature, and enclose stamps for sample.

THE SKIN. It has long been recognized that the gouty and rheumatic diatheses underlie a great many conditions which come under the care of the dermatologist. So important is the relation of morbid diathesis to skin disease, that the French school has long dwelt upon what it has termed the "dartrous" or "herpetic" diathesis, supposed to underlie many cases of eczema, and which is closely associated with lithemia or rheumatic blood taint. All forms of eczema—and especially the chronic varieties—are most rationally treated by Tri-Iodides. Stubborn cases of psoriasis have yielded to this remedy alone. From the fact Triiodides contain iodine in an available form, it is obvious that the formula must be beneficial in the majority of cases of syphilitic skin lesions.—*Medical Essays*.

THERAPEUTICS.

Ryerson's Solution.

R	Sodii biborate	-	-	-	grs. xxx
	Sodii bicarb	-	-	-	grs. xxx
	Sodii chlorid	-	-	-	grs. xxx
	Sodii salicylas	-	-	-	grs. x
	Listerine	-	-	-	ʒi
	Glycerinum pura	-	-	-	ʒi
	Aq. dist. q. s. ad	-	-	-	ʒvij

This is an excellent combination for nasal cleansing and disinfection. It is soothing, agreeable and effective. For shortness I call it Ryerson's Solution.

—Extract from a medical article written by G. Sterling Ryerson, M. D., L. R. C. P. & S. etc., Toronto.

Pelletierin Tannate in Tapeworm.

The following combination containing pelletierin tannate has been used with almost uniform success in treatment of tapeworm, but it disturbs the stomach of some patients:

R	Oleores aspidii	-	-	-	-	ʒiv
	Olei terebinthinæ	-	-	-	-	ʒii
	Pelletierin tannatis	-	-	-	-	ʒi
	Spts. chloroformi	-	-	-	-	ʒi

M. Sig. Shake well. One teaspoonful in the morning on an empty stomach, followed in about 2 hours by a saline cathartic.

—Journal of the A. M. A.

To Allay Craving for Drink in Dipsomaniacs.

R	Tinct. capsici	-	-	-	-	m.x.
	Tinet. nucis vomicæ	-	-	-	-	m.x.
	Acid. nit. dil.	-	-	-	-	m.xx
	Aquæ	-	-	-	-	ad ʒi

To be taken as a draught three times a day.

—Farquharson.

In Pruritis Vulvae.

R	Acidi carbolici	-	-	-	-	gr. x
	Morphiæ acet	-	-	-	-	gr. viii
	Acidi hydrocyan. dil	-	-	-	-	ʒii
	Glycerini	-	-	-	-	ʒiv
	Aquæ	-	-	-	-	ad ʒiv

Fiat lotio.

—Dr. Lombe Atthill.

EDITORIAL.

EDITOR AND PROPRIETOR : - - - - H. H. HARALSON, M. D.
VICKSBURG, MISS.

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THE DESTRUCTION OF MOSQUITOES.

The Board of Health of New Orleans has issued a circular of information and advice addressed to householders and others interested in the destruction of mosquitoes. This circular should bring forth fruit. There can be no doubt but that the mosquito is responsible for at least the spread of malaria and yellow fever. With these well established facts before them the citizens of New Orleans will surely lend their influence and aid in this great work. The Board is to be commended in the step it has taken for the extermination of the mosquito.

In a concise manner the Board presents all essential facts relative to the life cycle of the mosquito that is now very well understood. It does not consider it "necessary to touch upon the details of how mosquitoes spread disease, except perhaps, to state as a demonstrated fact, that the germs of certain diseases, such as malaria and yellow fever, are known to be transmitted from person to person by certain species of the insect."

The circular states that:

"Extensive and careful laboratory experiments have been made by the chemist of the board of health to determine the effect upon drinking water of covering its surface with various kinds of petroleum oil.

The results of these experiments indicate paraffin oil to be the least capable of giving off any of its particles to the water, and, therefore, to be preferred in the treatment of

drinking water to destroy mosquitoes, although kerosene or illuminating oil gives off so little as to be imperceptible except upon delicate chemical examination.

Crude petroleum and straw oil, an unrefined paraffin oil, must not be used on drinking water, for the reason that too much organic matter is absorbed from them by the water. Crude petroleum is best adapted for stagnant pools which cannot be drained, for privy vaults and for gutters.

It is the cheapest of all petroleum oils and most destructive of insect life. It is not used for domestic purposes, and is not easily obtainable except in large quantities. It has a very perceptible odor, which to most persons is not disagreeable, and which does not persist.

Its consistency is about that of thin syrup; its color a dark brown and it is opaque.

Refined paraffin is without color and transparent. Kerosene is slightly fluorescent, but otherwise clear."

The Board submits the following rules for the adoption of every householder in the city.

"FIRST—Once a week pour into every cistern or tank containing water eight ounces of refined paraffin oil or two ounces of kerosene oil, paraffin oil being preferred.

SECOND—Once a week pour upon every pool of stagnant water and every water surface on your premises, not removable by drainage or stocked with fish, a quantity of kerosene or of crude petroleum, equivalent to one ounce for every fifteen square feet of water surface.

THIRD—Once a week pour into the privy vault 5 cents' worth of crude carbolic acid or 5 cents' worth of copperas dissolved in water.

FOURTH—Once a week empty and refill all vessels containing water upon which oil should not be placed, such as fire buckets provided in cotton presses in accordance with insurance requirements.

FIFTH—Once a week pour kerosene or crude petroleum (about one pint) where it will flow through your drain gutter into the street gutter.

SIXTH—Once a week report to the board of health the presence of any stagnant water in vacant lots or any condition of the neighborhood not easily remedied by yourself or your neighbors, and keep on reporting once a week until you get the nuisance abated or a satisfactory explanation.

SEVENTH—Once a week read over these rules and see if you have not neglected something that should have been done, and persuade your neighbor to do as you do.

THE MISSISSIPPI STATE CHARITY HOSPITAL.

A movement is on foot among the physicians of Vicksburg that cannot fail to be of interest to the entire medical profession of Mississippi.

For nearly four decades the Mississippi State Charity Hospital located at Vicksburg, which is supported by the City of Vicksburg, the County of Warren and State of Mississippi, has been run on methods that are, to say the least, antique when viewed from a modern standpoint. The money expended in salaries has been highly in excess of the sum warranted by the total appropriations. To-day with an income of \$16,000 it expends \$3,000 in salaries to its surgeons alone. It is therefore readily seen that this is too remunerative a bit of pie to be kept out of politics.

A number of the physicians of Vicksburg, realizing that the income of the institution is not commensurate with the sum expended in salaries, have addressed a letter to the trustees of the hospital in which after some general information as to the management of hospitals elsewhere they make the following proposition: "If the Board of Trustees of the Hospital will place it on the same basis as that of the Charity Hospital of New Orleans, electing one surgeon who will live in the institution to treat emergency cases, to keep the records of the institution, to serve as secretary to the Board of Trustees and to exercise general supervision over the institution, we will undertake, under direction and appointment of the trustees, to serve the hospital in a medical and surgical capacity without pay. We will organize a visiting staff to be passed upon by the Board, which shall reserve to itself the right to dismiss any member of said staff, if, after honest investigation, it finds good cause to do so."

* * * * *

"We do not ask the slightest voice in the management of the institution, for we believe that a board of capable business men such as we believe you to be, can attend to business matters without interference. We simply wish to aid you in doing your work of charity to the poor, and in placing the hospital upon a basis that will give the greatest comfort and care to its inmates that is possible with the present appropriation.

In order to show our earnestness in making this proposition we are willing, if the board sees fit to require it, to have each member of the proposed visiting staff execute a bond in a reasonable amount to guarantee the proper performance of his duty.

In order that we may come to a clear understanding on this subject, we ask you to appoint a time when we can meet you to discuss the matter, hoping that you will consider that we wish only what we believe you are working for,—the good of the institution."

This communication has been signed by ten or twelve of Vicksburg's representative physicians, and whether the board of trustees will accept the letter in the spirit in which it is meant remains to be seen. We cannot see how they can conscientiously decline the proposition, but should they do so the legislature should take steps in the matter.

The amount that Mississippi expends in hospitals is too small to be wasted in salaries, and if a capable body of physicians offer to relieve the state of the expense of salaried officials, enabling the funds thus saved to be devoted to the greater comfort of the inmates of her hospitals, the offer should be accepted.

SUBSTITUTION.

Do the obligations of the physician to his patients cease when he writes his prescriptions? If they do then let substitution go on. It can do no one harm except to the patient. If they do not then would it not be well for the physician to see that substitution is not practiced on him. It is a baneful practice and one not only calculated to do the physician harm but the patient as well. The Tennessee Legislature has gone on record against this practice by enacting the following law which is said to have been conceived and written by Dr. Deering J. Roberts, of Nashville:

HOUSE BILL NO. 320.

An Act to prevent the substitution of any drug in filling physician's prescriptions by druggists in the state.

SECTION 1. Be it enacted by the General Assembly of the State of Tennessee, That it shall be unlawful for any corporation, firm or person, or any combination or association of corporations, firms or persons engaged in the business of

buying, compounding and selling drugs and medicines to substitute any drug or medicine in lieu or instead of that given to the patient by the physician on the face of his prescription.

SEC. 2. Be it further enacted, That it shall be unlawful for any agent or employe of such person, firm or corporation or association or combination of persons, firms or corporations engaged in the business of buying and selling drugs in this state to substitute any medicine for the specific medicine mentioned in the physician's prescription.

SEC. 3. Be it further enacted, That any person, firm or corporation violating the provisions of this act, or aiding or or abetting the violation of the same shall be guilty of a misdemeanor and upon conviction shall be fined not less than \$25 nor more than \$100 for each and every offense.

SEC. 4. Be it further enacted, That this act take effect from and after its passage, the public welfare requiring it.

Approved April 3, 1901.

BENTON McMILLIN, Governor.

E. B. WILSON, Speaker House of Representatives.

NEWTON H. WHITE, Speaker of the Senate.

A true copy, JOHN W. MORTON, Secretary of State.

The physician cannot be too careful of his tools. When he prescribes a medicine he certainly sees or thinks he sees an indication for that medicine, or he would not write for it. Will something else do as well? Then write for that or something else. What would you think of a physician who would write "quinine sulph (or something else) grs. 20" etc. When substitution is done that is exactly what the druggist makes you write. Every physician has a remedy for this practice and he can use it if he desires. Some may prefer to suffer the consequences of substitution rather than apply the remedy. The *Medical Record*, N. Y., in a recent editorial says: "Generally speaking the physician is the one to suffer the most, as his disappointed client is apt to leave him for another. How many lost patients can be accounted for in this way it would be difficult to imagine. * * * The man who substitutes once will do so again. He has no conscience to begin with, and nothing in fact to which an appeal can be made."

There are druggists who could not be induced to substitute. These are the druggists we should patronize and if all are made to understand this there would be less substitution. I believe such a course would probably be more efficient than the enactment of laws on the subject.

PRIZE AWARD.

About one year ago the *Mississippi Medical Record* offered a prize, a No. 80, \$100 Clarke & Roberts Surgical Table, for the best original paper on any medical or surgical subject. The conditions of this contest have been published so often that it is not necessary to reproduce them here. These conditions provided for the appointment of "a committee of three well known and competent physicians, one of whom shall be from this state," to determine the respective merits of the papers. Prof. Edmond Souchon, of New Orleans, Prof. Frank D. Smythe, of Memphis, and Dr. R. A. Quin, of Vicksburg, were appointed on the committee. Four papers having been received, were referred to this committee. The contestants for the prize are by no means unknown men in this section of the country. Their names of course were withheld from the committee, the papers being referred, each under its own *nom de plume*. Dr. J. C. Ballard, of Natchez, presented a paper on "Intestinal Indigestion." Dr. Ballard is a frequent contributor to medical literature and is an accomplished physician and good writer. Dr. E. C. Ellett, of Memphis, Tenn., one of the leading specialists of the south, contributed "A Clinical Study of Mastoid Inflammation with Twenty-three Illustrations, and a Report of Twenty-four Illustrated Cases." Dr. E. F. Howard, of Vicksburg, wrote on "Prophylaxis and Treatment of Sexual Perversions,—A Plea for More Rational Methods in Sexual Education." Dr. Howard is a graduate from the Literary Department of the University of the South and of Tulane in medicine. He is a general practitioner and is a physician of splendid attainments. Dr. A. T. Mitchell, also of Vicksburg, the quiet gentlemen and thorough physician, a specialist on the eye, ear, nose and throat, contributed a paper in general medicine, "Calorimetry vs. Thermometry."

The committee awarded the prize to Dr. Mitchell. Dr. Mitchell was born in Vicksburg, Miss., thirty-five years ago. He was educated at the University of Virginia, taking his medical degree from that renowned institution in 1894. He was for a time instructor there, in physiology. He served in the Navy through the Spanish-American war as surgeon of the U. S. Ship *Manning*. He resigned in 1898 and resumed his practice in this city, his boyhood home. He is a member of

the Mississippi State Medical Association, the American Medical Association and at this time is President of the Vicksburg Medical Association. At the last meeting of the American Medical Association he contributed a paper of unusual interest on "The Influence of Adenoids on Facial Bones." There was editorial mention made of this paper in the September issue of the *Record* as "Some New Adenoid Pathology." Dr. Mitchell is an original thinker and writer, and is destined to attain high rank in the medical profession.

While there were only four papers offered in competition for the prize it is a satisfaction to know that they came from four of the younger members of the profession, all of the very highest accomplishments.

BOOK REVIEWS.

Syphilis: Its Diagnosis and Treatment. By William G. Gotthell, M. D., Professor of Dermatology and Syphiology, New York School of Clinical Medicine; Dermatologist to the Lebanon and Bethisrael Hospitals, the West-Side German Dispensary, etc. G. P. Englehard & Co., Chicago, 1901. Price \$1.00.

This little book contains "a concise resume of the latest conclusions regarding the natural history of the disease and the best methods of combating its manifestations."

Every page contains interesting and instructive suggestions. It is well illustrated, containing about thirty figures and plates.

The book will be a valuable acquisition to the library of the general practitioner.

The Acute Contagious Diseases of Childhood, by Marcus P. Hatfield, A. M., M. D., Professor Emeritus of Diseases of Children, Northwestern University Medical School; Professor of Diseases of Children, Chicago Clinical School; Attending Physician Wesley Hospital, Chicago: G. P. Englehard & Co., 1901. Price \$1.00.

The contagious diseases of children always interests the general practitioner. It is claimed by the author to especially embody the views of later French and German pediatricians. The first chapter is devoted to scarlatina, one of the most widely disseminated of the exanthemata of childhood. In the second chapter is discussed measles. In the eighth is interestingly discussed La Grippe. I am sure this book will be a decided help to those who read it.

MEDICAL NEWS AND MISCELLANY.

THE 13th annual meeting of the Tri-State Medical Society will be held at the Tulane, Nashville, Tuesday, Wednesday and Thursday, October 8, 9 and 10, 1901. The attendance promises to be large and an unusually attractive programme will be presented. The railroads will give reduced rates. Those intending to read papers should send titles to the Secretary, Dr. Frank Trester Smith, Chattanooga.

THE Executive Committee of the Mississippi Department of Public Health has been called by Dr. S. R. Dunn, the President of the Department, to meet in Jackson, Monday, October 7th, 1901.

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is undoubtedly that which is the least harmful to man in the dose required for asepsis."—M. DUJARDIN BEAUMETZ.

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a safe, trustworthy, non-toxic antiseptic, answering every requirement of the physician and surgeon. In special practice, notably Laryngology and Rhinology, Listerine occupies an unrivaled position by reason of its excellence and wide range of utility.

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A remedy of acknowledged value in the treatment of all diseases of the urinary system and of especial utility in the train of evil effects arising from a uric acid diathesis. A pamphlet treating of "Renal Derangements" may be had by addressing:

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TRI-IODIDES (HENRY'S.) LIQUOR SALI-IODIDES.

*Colchicin. 1-20 grain.
Phytolaccin, 1-10 grain.
Solanin. 1-3 grain. Soda
Salicylate, 10 grains Iodic
Acid equal to 7-32 grains
Iodine. Aromatic Cordial.
Dose, 1 to 2 drams in water
8-oz. bottle, \$1.00*

A powerful alterative and resolvent, glandular and hepatic stimulant, and succedaneum to the iodides. Indicated in all conditions dependent upon perverted tissue metabolism; in lymphatic engorgements and functional visceral disturbances; in lingering rheumatic pains which are "worse at night." Bone, periosteal and visceral symptoms of late syphilis; for the removal of all inflammatory, plastic and gouty deposits.

A remedy in sciatica, megrim, neuralgias, lumbago and muscular pains; the gouty and rheumatic diathesis; acute and chronic rheumatism and gout; chronic eczema and psoriasis, and all dermic disorders in which there is underlying blood taint.

An hepatic stimulant increasing the quantity and fluidity of the bile. Relieves hepatic and intestinal torpor; does not cause the unpleasant gastric symptoms of potassium iodide.

THREE CHLORIDES (HENRY'S.) LIQUOR FERRISENIC.

*Each drachm contains
Proto-Chlor. Iron 1-8 gr;
Bi-Chlor. Mercury, 1-128
gr.; Chloride Arsenic, 1-280
gr.; Calisaya Cordial. Dose,
1 to 2 drachms. 12-oz.
bottle, \$1.00*

An oxygen-carrying ferruginous preparation, suitable for prolonged treatment of children, adults and the aged. Indicated in anemia and bodily weakness, convalescence from acute diseases and surgical operations; boys and girls at the age of puberty, and the climacteric period in women. In children with chorea, rickets, or who are backward in development, or in whom there exists an aversion to meats and fats. Prolonged administration never causes "iron headache."

As an adjuvant for potassium iodide the undesirable manifestations known as iodism can be removed.

Stimulant to the peptic and hydrochloric glandular system of the stomach, especially serviceable in the impaired appetite, nausea, vomiting and other gastric symptoms of alcoholic subjects.

MAIZO-LITHIUM LIQUOR LITHIUM MAIZENATE.

*Nascent Chemic Union
of Maizene Acid — from
Green Corn Silk — with
Lithium, forming Maizenate - Lithium. Two
grains to drachm. Dose
1 to 2 drachms. 8-oz.
bottle, \$1.00*

A genito-urinary sedative, an active diuretic; solvent and flush indicated for the relief and prevention of renal colic; a sedative in the acute stages of gonorrhea, cystitis and epididymitis; in dropsical effusions due to enfeebled heart or to renal diseases. As a solvent in the varied manifestations of gout, goutiness and neurotic lithemia, periodical migrainous headache, epigastric oppression, cardiac palpitation, irregular, weak, or intermittent pulse; irritability, moodiness, insomnia and other nervous symptoms of uric-acidemia. Decidedly better, more economical, extensive in action and definite in results than mineral waters.

Those cases of irritable heart, irregular or intermittent pulse so frequently met by insurance examiners and found to be due to excess of uric acid, are special indication for Maizo-Lithium.

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ECTHOL exerts a decided influence on eczema, and can be used to advantage in several different conditions. In cases of moist and inflamed lesions, with great soreness and irritation, it may be given in teaspoonful doses; and the more markedly the eruption is purulent the more decided the effect. It may also be used with manifest advantage when the patches are greatly infiltrated and the inflammation is sub-acute in character.—*American Journal of Dermatology and Genito-Urinary Diseases.*

Antikamnia & Heroin Tablets.

Our readers will find in this number, the announcement of a new remedial preparation, viz:—"Antikamnia & Heroin Tablets," each tablet containing 1-12 grain Heroin Hydrochloride (muricate) and 5 grains Antikamnia. All members of the medical profession should familiarize themselves with this combination and we respectfully advise our readers

to look up the advertisement and send for samples. The advantage of this tablet are fully illustrated by a report of cases submitted Dr. Uriel S. Boone, Professor of Pharmacology and Surgery, College of Physicians and Surgeons, St. Louis. We reprint three of said cases, as each has some particular feature which successfully called into use in a most beneficial manner, the synergistic action of these two drugs:

Case I. J. P. Athlete. Suffering from an acute cold. On examination found temperature 101° with a cough and bronchial rales. Patient complained of pain induced by constant coughing. Prescribed Antikamnia & Heroin Tablets, one every four hours. After taking six tablets, the cough was entirely relieved. Patient continued taking one tablet three times daily for three days, when he ceased taking them and there has been no return of the cough or pain.

Case II. Ed. H. Age 30. Family history—hereditary consumption. Hemorrhage from lungs eighteen months ago. His physician had me examine sputum; found tubercle bacilli. After prescribing various remedies with very little improvement, I placed him on Antikamnia & Heroin Tablets, prescribing one tablet three times a day and one on retiring. He has since thanked me for saving him many sleepless nights and while I am aware he can never be cured, relief has been to him a great pleasure and one which he has not been able to get heretofore.

Case III. Wm. S. Age 28. Lost 25 pounds in last 30 days. Consulted me July 9th. I thought he most certainly would fall victim to tuberculosis. Evening temperature 101° with night-sweats and a very troublesome cough with lancinating pains. Prescribed 1-100 gr. atropine to relieve the excessive night-sweats and one Antikamnia & Heroin Tablet every four hours, with the result that he has entirely recovered and is now at work as usual.

Neither in these, nor any other of my cases, were any untoward after-effects evidenced, thus showing a new and distinctive synergistic action and one which cannot help being beneficial and useful to both patient and physician.

Neurotic Conditions of Climacteric Period.

This form of neuroses is considered by the latest and best authorities as essentially hysterical and neurasthenic; a statement that seems borne out at least in part by the predominance of the various reflexes. How far the latter condition may be due to irritation of the nerve-ends in the ovary depends, it would seem on the degree of atrophy and consequent contraction of the tissues. The ordinary physical disturbances due to menstruation in some cases persist and cause various phenomena and often annoyance. And while many of these symptoms may be, and some of them doubtless are, neurasthenic, it will be found wise not to abandon special medication. In the greater number of cases, two five-grain antikamnia tablets repeated every hour if necessary, will be found to give entire relief. Under this treatment the reflexes are naturally abolished, the nerves are soothed and the system returns to its normal equipoise. Antikamnia tablets are essentially pain-killers, yet in this instance they nullify the reflexes almost precisely after the same physiological fashion, so to speak, as they relieve pain, and without unpleasant after-effects. In cases of threatened metrorrhagia it is always advisable to administer "antikamnia and codeine tablets" as frequently as may be found necessary, say one every hour until six are taken. (George Brown, A.M., M.D., Atlanta, Ga.)

W A R D E P A R T M E N T

SURGEON GENERAL'S OFFICE.

WASHINGTON, D. C., Jan. 3, 1890.

This is to certify that the exact antiseptic strength of "Tyree's Pulv. Antiseptic Comp." is one part of the powder to fifty of water (1:50). Test tubes containing peptonized beef broth were charged with the powder (Tyree's Antiseptic Powder). The solutions were then inoculated with the anthrax bacillus, and with the staphylococci of pus, and the tubes placed in the incubator for 48 hours at a temperature of 39° C. On removing the tubes from the incubator, it was found that in the solutions of one in ten to one in fifty there was no development of bacteria.

W. M. GRAY, M. D., Microscopist to Army Medical Museum.

DR. GRAY is a very scientific man, and has a wide influence and acquaintanceship as a microscopist, and we believe that this analysis from him is reflected wherever **Tyree's Antiseptic Powder** is known, justifying the busy and country physician, who has neither time, convenience nor inclination to use the complicated microscopical process, in depending upon **Tyree's Powder** to accomplish the same results. In all cases of Leucorrhæal and Gonorrhæal discharges it acts at the minimum amount of risk and the maximum amount of haste, whether of a simple catarrhal non-infectious or of a gonorrhæal syphilitic infectious nature. One teaspoonful in a pint of water (cost 2c.) makes a guaranteed anti-bacterial solution. It's antiseptic but not irritant. It is scrupulously made and its well balanced chemical adjustment has established its ethical popularity. Sod. bor., alum, ac. carbol., glycérin, the cryst. principles of thyme, eucalyptus, gaultheria, and mentha.

J. S. TYREE : CHEMIST : WASHINGTON, D. C.

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"If, Yes, and Perhaps."

"He read the history of quinine discovered some sixty years ago, supposed to be a specific for malaria, and given for cure a thousand times more than any other drug. He also read the history of *Fibroid Tumors*, and strange to say, he found that these had increased a thousand per cent. since quinine's discovery."

I am asked "what I think" about the above statement, clipped from the biography of a medical man of mark and distinction. The inference is not so very new and original. It has been said, time and again, ever and anon, yesterday and to-day, that quinine "causes fibroids." "Is it so?" asks my man-with-the-interrogation-point. Now I will answer that question by referring to a paper which I published in the *Interstate Medical Journal*, July, 1899, on the physiological action of that marvelous Tasteless Sulphate Quinine with Olive Oil,—Quinoliv. Read it carefully, and read up all of the literature that you have time for, on Quinoliv,—and it is getting voluminous,—and the hyphenated man will get all the reply that he wants. It will be apparent to the readers, and more than apparent to all who *know* Quinoliv, that whether quinine has the imputed fault or not, Quinoliv does not have it, and cannot. It is in honor in the treatment of fibroids and hydatids, and this is but one of the many arguments which are being made for this marvel of our Double-X century. It is so widely employed because it stands to medical reason. Is not that the reason that is never aberrant?

WILLARD H. MORSE,

Consulting Chemist. Author of the text-book "New Therapeutic Agents," Fellow of the Society of Science (London), American Director (1898-1900) of the bureau of *Materia Medica*, etc.

You use Cod Liver Oil Doctor? Well, give your patients an agreeable, palatable and digestible preparation, for such is HART'S MORRHUVIN. Not a synthetical compound, but pure Norwegian Oil combined with the Hypophosphites of Calcium, Potassium, Sodium, Wine and Aromatics. If you do not know MORRHUVIN, write E. J. Hart & Co., Lt'd., New Orleans, La., for sample, which will be sent you *without expense* for your test and approval.

"Make a patient grow fat and the local disease (tuberculosis) may be left to take care of itself."

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AND
EDITED BY

SOLOMON SOLIS COHEN, A.M., M.D.

Professor of Medicine and Therapeutics in the Philadelphia Polyclinic ; Lecturer on Clinical Medicine at Jefferson Medical College ; formerly Lecturer on Therapeutics at Dartmouth Medical College ; Physician to the Philadelphia and Rush Hospitals, etc.

Fellow of the College of Physicians of Philadelphia ; Member of the Association of American Physicians ; former President of the Philadelphia County Medical Society, etc.

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THE Mississippi State Board of Health will meet in Jackson, Miss., Monday, October 7th, in business session. The following day, the examination of applicants to practice medicine in the state will begin. The applicants will be given two days in which to answer the questions.

THE Tri-State Medical Association of Mississippi, Arkansas and Tennessee, will meet in Memphis on November 19, 20 and 21, next. The sessions of the Association will be held in Germania Hall, where ample facilities have been provided for the Association, and for the large number of exhibitors who usually have chemical and instrument displays at this meeting.

The exceptionally large attendance that is characteristic of the meetings of this Association, and the excellent work that is done by this body, have won for it not merely local but likewise general interest. At its meetings between 400 and 500 representative practitioners from the territory contiguous to Memphis are usually in attendance, and the number of high class papers that are contributed is so excessive that the program is rarely finished.

The meeting this year will be held under the presidency of Dr. I. A. McSwain, of Paris, Tenn., and titles of papers, as well as letters of inquiry should be addressed to the Secretary, Dr. Richmond McKinney, Lyceum Building, Memphis.

A CHRISTIAN SCIENCE DECISION.—Judge Tuthill, of the Juvenile Court, Chicago, on June 11th committed John Chamberlain, who, while suffering from a shrunken leg, was taken out of the custody of his mother, a Christian Scientist, to the Crippled Children's Home. According to the view of Judge Tuthill, adults are at liberty to use medicine or "faith cure," or any other means to fight disease. Children, however, according to his belief, must legally be given that sort of cure which, according to generally accepted notions, is needed. When the parents refuse to call in a physician, and when the child is subjected to long-continued suffering, Judge Tuthill holds it is time for the court to step in and demand protection for the young. The parents failing to afford it, institutions should care for the children.—*Medical Review of Reviews*, August.

Great Truths

*"Of thorns men do not gather figs, nor of a bramble bush
gather they grapes."*

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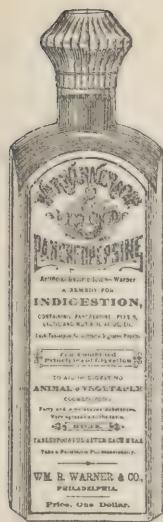
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Mississippi Medical Record.

VOL. V.] NOVEMBER, 1901. [No. 11.

ORIGINAL CONTRIBUTIONS.

ABORTION AS A DISEASE OF PREGNANCY AND AS A CRIME.

Mr. President and Gentlemen of the Mobile Medical Association:

With myself as leader, the subject selected for discussion this evening is "Abortion as a disease of pregnancy, and as a crime," and I must confess that it is with a feeling of some very considerable astonishment and embarrassment that I appear before you as leader on such a subject; to me this subject appears the still more surprising when I assert that, during my existence as a practitioner of medicine, it has never been my pleasure—if such it be—to have been actually pres-

ent, as attending physician in charge, during the confinement of a woman in natural or unnatural labor, nor have I ever produced an abortion on any living female.

Before going further I would beg leave to state in exten-
uation of my short comings, in treating of the subject in
hand, that it was not until after the expiration of the second
week of the four allotted me that my research or reflection on
the subject was undertaken, for the reason that one week
was taken up by unavoidable absence in attending a sick rel-
ative in the country, and the second consumed by a press of
official business on my return.

In treating the subject it will be considered in the order
named which is first "Abortion as a disease of pregnancy,"
and second "Abortion as a crime."

In using the word "abortion" the distinction ordinarily
recognized by physicians between abortion and premature
labor will be ignored, and under the head of abortion will be
considered the "Separation and expulsion of the immature
ovum from the uterus regardless of viability or non-viability.

The causes of abortion in the pregnant female are quite
numerous and may be located in the mother, in the mem-
branes of the mother and foetus jointly, or in the foetus. Of
the causes located in the mother may be enumerated nervous
excitement of the mammary, trifacial, gastric, uterine, renal
and vesicular, rectal and other nerves, emotional influences,
acute diseases, chronic wasting diseases, undue fatigue, exer-
cise or exposure, and many others might be mentioned.

To prove that sympathy exists between the mammary
glands and female organs of generation is only necessary to
mention facts familiar to all, to-wit: the violent contraction
of the uterus in expelling secundines by simply placing at the
breast of the mother the lips of the new-born babe; again
the general sexual excitement, and the erection of the nipple
by titillation of the latter, therefore it is very easy to conceive
that the irritation of the child's suckling, unduly continued,
might produce in the gravid uterus such contractions as
would result in the expulsion of its contents.

The fact that odontalgias and the extraction of faulty
teeth during the period of gestation is often attended by the
premature expulsion of the foetus is too familiar to require
more than mention here.

It is well known that any medium which unduly excites the gastric nerves, producing excessive emesis, may cause abortion; for instance any irritating injesta; the reflex nervous influence of the gravid uterus itself, exerted on the gastric nerves, may produce such disturbance to the system in the process of vomiting as to cause the expulsion of the uterine contents.

Irritation of the uterine nerves direct or indirect whether by potation or inhalation of drugs or gasses, or from other causes such as uterine or vaginal inflammations, ulcerations and fissures, excessive sexual intercourse and the plugging of the vagina by other means may very naturally produce the same result.

Renal and vesicular nerve irritation, whether caused by vesicular calculous or albuminuria by reflex action also affects the gravid uterus, and irritation of the rectal nerves in like manner—by reflex action—and also by contiguity of structure, whether the irritation be due to hemorrhoidal tumors, ascarides or ulcerations, to the excessive purgation or extreme constipation, reacts on the uterine tissues and through them, on the uterine contents.

Emotional influences suddenly excited, as of fear, grief and the like, through the general nervous system also affects the pregnant female in a deleterious manner.

As to acute diseases producing abortion, it is only necessary to refer to the fact of the frequency of this result in pregnant women attacked with yellow and other fevers as small-pox, also vesicular inflammations.

Of the chronic diseases causing the same result may be mentioned syphilis, Bright's disease of the kidneys and mercurialization to excess.

Of the causes of abortion located in the membranes of the mother and foetus conjointly are mentioned fatty degeneration of the chorion and placenta, congestion of the placenta producing apoplectic effusion on the external foetal or maternal surface of the organ, or even in the parenchymatous tissue; in this effusion the loss of blood may directly cause the death of the foetus, or by a separation of the tissues, excite uterine contractions. Congestion of the organ may proceed to inflammation leading to effusion of lymph resulting even in suppuration and gangrene; there may also occur cal-

careous, tubercular or syphilitic affections of the placenta, eventuating in the premature expulsion of the contents of the gravid uterus.

Under the head of abortion due to the causes directly connected with the foetus may be included any affection which produces the death of the foetus, whether dropsies of its serous membranes, tubercular, kidney or liver diseases, strangulation by the cord or knotting of the same, in fact the belief is induced that these causes in some instances produce the expulsion of the foetus before actual death has transpired.

Relative to the symptoms of an impending abortion it is proper to state that the first which presents, inducing any suspicion, is the appearance of a sanguinous discharge from the genitalia, then in the early months of gestation, there are pains resembling those common to catamenial periods, and the nearer the abortion takes place to the period of full gestation the more severe the pains and the more they resemble labor pains. Sudden sensations of cold about the breasts and abdomen are also enumerated as symptoms of impending abortion; or there may occur distinct rigor; there are at times also marked disturbances of the bladder and less frequently of the bowels.

In the treatment of abortion attention should be directed to two conditions, the first of which is that of a woman, under observation say, now pregnant, but who on one or more occasions has aborted; in such a case it would be clearly a duty to find out, if possible, the cause or causes of previous abortions and to sedulously advise a stringent refrain from all such causes in future pregnancies, or, if possible to remove such causes, it is a duty to go even further in the way of advice and enjoin more than ordinary care in the daily routine duties in the pregnant state.

The second condition to which attention should be directed is that of treating a case of immediate impending abortion, and due satisfaction should be had that the patient is really pregnant, if possible, and it will seldom ever be impossible, a digital examination should be made in the most gentle and careful manner to determine to what extent the abortive effort has progressed—in other words to determine if the os is at all dilated or the membranes protruded; if there

is no dilatation of the os and there is reason to suppose that abortion can be prevented, appropriate treatment must be resorted to according to the circumstances of each individual case; in some, local bloodletting will prove beneficial, again anodyns, a soothing diet and the recumbent or horizontal posture will be of service, this latter to be insisted upon until every vestige of the bloody discharge shall have entirely ceased.

It might here be added also that our worthy president has mentioned to me in the treatment of such cases a remedy which is said to be almost infallible in its efficiency, the name of which however, I do not know, nor did he remember it at the time of conversing with me on the subject.

We now come to the second division of the subject, "Abortion as a crime," and just here it should be stated that fear is entertained that words will fail to express the enormity of this crime, or the proper extent of punishment that should be visited upon the offenders—but is it a crime? That it is, and one of the most appalling that can be committed, an endeavor will be made to demonstrate.—In Prof. Hedges' little volume on "Foeticide" I find as follows:

"Facts, in great number, can readily be produced, which positively prove that there is no direct communication between the foetus (even in its earliest embryotic and most imperfect state) and the mother whose organs contain it, surrounded by fluids and membranes, it draws from its mother the materials for support and growth, and a nidus, or nest, when it shall be protected from physical injury, similar to chick in ovo, it is therefore, not only a living, but an independent being; and, as it will be universally acknowledged that the father has no influence over his offspring after the moment of conception, the same is true as regards the mother. All the peculiarities which the mother impresses on her offspring (and they are numerous and wonderful) are imparted at or before the moment of conception, by means of the original germ formed in her ovary. The embryo generated by germs from each parent has henceforth an independent existence. As regards its vital properties, it is as perfect as it ever will be; its subsequent mutation, growth, susceptibility, are but the successive manifestations of those vital properties. As the acorn, removed from the towering

oak, and dropped into the earth, is capable of vegetating and producing, in due time under favorable circumstances, by its own inherent powers, another oak, similar in size and grandeur to that first from which the acorn fell; so the embryo, by its own innate vital properties, received at the moment of fecundation, is gradually developed in utero from its incipient state of existence (*punctum saliens*) to that of the perfect foetus at the full term of utero-gestation. Physiologically, the infant, after birth, while deriving all its nourishment and means of support from the breasts of its mother, cannot be regarded as more independent than the foetus in utero. The child unborn absorbs nourishment from its parent through the medium of the uterus, after birth, it imbibes the material for nutrition by means of the mammal, or breasts. There is essentially no difference in its physical properties, or as to the independent character of its existence, whether it remains in the uterus or is supported by the mother out of the uterus. In a most mysterious manner brought into existence how wonderful its formation. Imperfect in the first instance, yea, even invisible to the naked eye, the embryo is nevertheless endowed at once, with the principles of vitality, and, although retained within the system of its mother, it has, in a strict sense, an independent existence. It immediately manifests all the phenomena of organic life; it forms its own fluids and circulates them; it is nourished and developed; and, very rapidly, from being an undistinguishable mass, apparently, an organic drop of fluid, its organs are generated and its form perfected."

In speaking of human foetal existence the same author says:

"Nutrition, growth, the development of organs, the successive display of organic, animal, intellectual, moral and spiritual functions, are but the successive manifestations of that mysterious principle of life, the gift of the Creator, which, feeble as it may be when first exerted within the dark, impenetrable recesses of the mother's system, daily and hourly gains strength and energy, continually developing new organs and new functions, until, under its plastic and vitalizing influences, the invisible product of conception is developed, grows, passes through the embryonic and foetal stages of ex-

istence, appears as the beautiful and lovely infant, the active, the intelligent boy, the studious and moral youth, the adult man, rejoicing in the plentitude of his corporeal strength and intellectual powers, capable of moral and spiritual enjoyments ; and finally, in this world, as the aged man, whose system is preparing for new transformations, which, however humbling they may at first appear to the pride of man, and however apparently destructive to his corporeal and intellectual existence, are but the precursors of that glorious change, when, as Revelation teaches, ‘The natural bodies shall become spiritual bodies.’ ‘When this corruptible shall put on incorruption.’ When changes will be effected infinitely greater and more mysterious than occur as conception, and gestation, and when it will be found that existence, commenced in the ovary of a woman, mysterious and wonderful as it may be, is but commencement of a series of changes, each more wonderful and glorious than its predecessor, or to which the same identical human being will be subjected, even for eternity.” As far as human investigation has gone, or probably will go, in penetrating the mysterious function of generation ; as far as the light of reason, or the torch of revelation has elucidated the subject ; there can be no reasonable doubt that human existence, corporeally and spiritually, not with the birth of the foetus and the first inspiration, but a conception : when the germs furnished by both parents are quickened into life.”

The sentiments expressed above are not those of Prof. Hodge alone, other eminent writers might be quoted were it necessary ; it is enough to state that the opinion of physicians of the present day is, “The foetus in utero is alive from the very moment of conception.”

Dare any one assert that the cool, deliberate, intentional destruction of this product is no crime ?

Is this crime committed? If so to what extent? That it is committed is only necessary to recall the records of prosecutions of guilty parties as frequently published in the daily press, and to point to the laws enacted for its prevention, as to the frequency of its commission there is abundant proof in the fact that it is increasing to such an alarming extent as to have attracted the attention of the “Three learned professions”—the clerical, the medical and the legal. Indeed it is

known to have prevailed at a time when the father of medicine flourished, for the "Hippocratic Oath" exacted of individuals, entering upon the study of medicine, a solemn oath never to be guilty of unnecessary miscarriage."

What induces the perpetration of this crime? With some it is accomplished for the purpose of concealing shame, for the purpose of blotting out the living human record of immoral and lustful acts; with others for the asserted reason that they are not able to care for the offspring, and is moreover deleterious to health to fulfill one of the grandest edicts of the "Sacred Book," viz: to "multiply and replenish the earth;" with still another class—midwives and—I blush to record the fact—those styling themselves physicians—the act is committed purely for pecuniary considerations.

What is the effect of the crime? To morality disastrously damaging. Indeed it is a premium paid on immorality; in a national point of view it is a very serious loss in population, and a sacrifice of many valuable human lives; the effect on the mother is also deserving of more consideration than at first thought would be imagined. It is well known that the occurrence of abortion as a disease of pregnancy is extremely deleterious to the mother, ten fold worse than this is the crime of abortion, the half is not and never will be told. "In thirty-four cases of criminal abortion reported by Tardium, when the history was known, twenty-two were followed, as a consequence, by death, and only twelve were not." "Pelvic cellulitis, on the other hand, fistula, vesical, uterine, or between the organs alluded to; adhesions of the os or vagina, rendering liable the subsequent rupture of the womb, during labor or from retained menses, or, in the latter case, discharge of the secretion through fallopian tube, and consequent peritonitis; diseases and degenerations, inflammatory or malignant, of both uterus and ovary; of this long and fearful list, each too frequently incurable, may be the direct and evident consequence, to one patient or another, of an intentional and unjustifiable abortion." "Could the list of confession be always applied, as is, however, manifestly impossible. So many women die during, or in consequence of an abortion, without the attendance of a physician and without making any sign, it would be found that many of these cases now reported upon our bills of mortality as deaths from hem-

orrhage, from dysentery, from peritonitis, from inflammation of the bowels, or of the womb, from obscure tumor, or from uterine cancer, would be found in reality to be deaths from intentional abortion."

You observe then gentlemen that the picture of the serious consequences to society, to national prosperity, and to the health and happiness of females by this growing crime cannot be overdrawn.

What is the nature of the crime? Is it murder? If so what should be the penalty? Speaking of the laws enacted by the state of New York, Prof. Hodge says: "We trust this is the commencement of better things, and that our various legislatures will, in rapid succession, enact laws with suitable penalties, formed on correct physiological views of the reality and importance of the life of the child in utero; that it is truly a perfect human being, and that its criminal destruction is murder." Again, "Percival Medical Ethics" says:—To extinguish the first spark of life is a crime of the same nature, both against our Maker and society, as to destroy an infant, a child or a man." In Storer on Criminal Abortion we find: "Of the mother, by consent or by her own hand, imbued with her infant's blood of the equally guilty father, who counsels or allows the crime; of the wretches, who, by their wholesale murders, out Herods Herod—palliates, pardons, and would even praise this, so common, violation of all law, human and divine, of all instinct, all reason, all pity, all mercy, all love, we leave those to speak who can."

The charge of Judge King, of Philadelphia, to the jury was that "Every act of procuring abortion is murder, whether the person perpetrating such an act intended to kill the woman, or merely feloniously to destroy the fruit of her womb; the procuring abortion is a base and unmanly act, it is crime against the natural feelings of man, against the welfare and safety of females, against the peace and prosperity of society, against the divine command: 'Thou shalt not kill.' It is murder."

For the commission of a crime so heinous—the cold-blooded, premeditated murder, of an innocent, inoffensive human being—but one of two penalties—in my opinion—should ever be inflicted:—Punishment either capital or life-long incarceration within the walls of a penitentiary.

The writer of the above article was Dr. Thomas Sidney Scales—an alumnus of University North Carolina, 1862—a most gallant Confederate soldier from '62 to '65—a graduate from College Physicians and Surgeons, N. Y. City, 1867.

Settled in Mobile, Ala., 1868. Was City Health Officer—Surgeon Ship Island Refugee Station—Again City Health Officer to 1896. Was twice President Mobile County Medical Association. Professor Surgery Alabama Medical College up to death, which occurred January, 1891. This article was read before the City Medical Association but never published. His most prominent characteristic was absolute honesty in the highest ethical sense.

H. A. MINOR, M. D.

*TUBERCULOSIS OF THE BODY OF THE TESTICLE.

BY IRVIN ABELL, M. D., LOUISVILLE, KY.

This specimen is the testicle removed from a negro aged twenty-four years, apparently in perfect health as far as a physical examination shows, with the exception of this testicle and the seminal vesicles. There was noticed several months ago a sudden swelling of the testicle, and three months later there was quite an accumulation of fluid in the tunica vaginalis, and the open operation for hydrocele was done by Dr. W. C. Dugan. This operation failed to do any good, the symptoms continued, his temperature rose to 101° F., and four weeks after the primary operation this testicle was removed.

You will notice the specimen shows the characteristic broken down, cheesy, tuberculous condition. The operation was quickly performed, and the patient made a rapid recovery; the symptoms of which he complained have been relieved, viz: frequent micturition and evidences of disease of the seminal vesicles.

I now find that the opposite testicle is becoming enlarged, although the man's physical condition is still perfect. Since the other testicle has commenced to enlarge his previous symptoms are returning.

DISCUSSION.

DR. F. W. SAMUEL:

This case shows that castration is far from being a radical procedure. The question arises now with surgeons as to what is the best method of treatment, whether or not the so-

* Reported to the Louisville Clinical Society.

called epididectomy is not preferable to orchidectomy, for the reason that in castration the patient loses the testicle, and double castration is usually necessary because both testicles are frequently involved. The operation known as incision of the tuberculous areas, and curetage, is liable to be followed by infection, suppuration, etc. Usually in these cases there is primarily involvement of the epididymis.

Recently a long and exhaustive article has been written by Murphy, in which he says that his experience is that most of these cases begin in globus minor instead of globus major, including the mediastinum testis. Incision of this portion of the testicle and taking out a wedge-shaped piece, removing all the vas and epididymis, presents all the favorable aspects that castration would. You leave the body of the testicle, therefore the man has the power of erection and ejaculation, and the melancholia which so often follows castration is avoided. The only contra-indication to this operation is that the body of the testicle is sometimes involved in a caseating mass, infection occurs and there is left nothing more than a pus sac.

In regard to the pathology: It has been shown that for instance in the mediastinal glands a tuberculous process may remain absolutely dormant for years, and then injury to the testicle may act as an exciting cause and through the blood stream tuberculosis of this organ may develop. Frequently the disease comes directly through the urethra, rarely through the lymphatic channels because these channels lead away from rather than toward the testicle.

The differential diagnosis between tuberculosis of the testicle and syphilis and malignant disease is sometimes hard to make early.

I have operated upon a number of these cases. A man came to my clinic last year with tubercular involvement of both testicles. I incised all the infected areas, curetted thoroughly and sutured the testicles together, and the man made a good recovery. Injection of iodoform has been followed by good results. The patient I have just referred to died a year afterward of pulmonary tuberculosis. The specimen, however, is especially interesting as it appears as a primary deposit in body of the testicle.

DR. J. W. IRWIN:

I saw a gentleman not long ago who had been suffering from some disease of the testicles. A surgeon in this city had operated upon one testicle, "scraping" it. It healed leaving a large cicatrix and a hardened mass. The other testicle had become inflamed owing to a recent attack of gonorrhea, and it was pronounced tuberculous. A room was engaged in an infirmary and it was proposed to remove his testicles. The patient became greatly worried. He was advised by an excellent surgeon to have his testicles immediately removed, that it was his only hope. His brother brought him to me, after coming from New York to visit him, and I submitted some of the matter from the testicle and some of his blood to Dr. John R. Wathen for examination, who reported that he did not find the tubercle bacilli in either specimen. Under these circumstances I thought it would be well to give him a little more time. He was placed upon alterative treatment and local injections of peroxide of hydrogen. The testicle has now resumed almost normal size and shape, and the epididymis has become normal; there is still some discharge of pus. There is no evidence of tubercular infection elsewhere in the body. If this is tuberculosis the evidence is now clear that it is going to be cured, that I do not believe he will have to submit to removal of his testicles.

DR. T. P. SATTERWHITE:

Two and a half years ago I was called to examine a man for life insurance. The question was asked if he had a hernia, and he said yes. Examination showed that he did not have a hernia but had a hydrocele, which I told him was practically an innocent thing, but his age might complicate matters. After several months he came to me and I drew off the fluid and found the testicle very much enlarged. About a year afterward he sent for me again, and there was a reaccumulation of fluid, the scrotum being much larger than when I had first seen him. I used a trocar and in doing so evidently wounded the testicle. But little fluid was drawn off and he became a very ill man. I took Dr. August Schachner to see him in consultation. The scrotum

was three or four times its normal size. This patient finally recovered and the testicle atrophied, becoming smaller than its fellow.

DR. IRVIN ABELL:

My reason for exhibiting the specimen was not that there was anything about the clinical history of unusual interest, but it is unusual in the localization of the disease. Writers on the subject dismiss primary tuberculosis of the body of the testicle as even so rare as not to merit description. Secondary tuberculosis of the testicle is nearly always the result of extension from the epididymis. Kocher claims that primary tuberculosis never occurs in the epididymis, that the infection always extends from above downward.

At my first examination of the patient in this instance the seminal vesicles were found enlarged and tender, and urination was extremely frequent. All these symptoms improved after removal of the diseased testicle.

ABSTRACTS AND EXTRACTS.

Some Remarks on Practical Obstetrics.

BY I. A. McSWAIN, M. D.

The causes that lead to the premature expulsion of the fecundated ovum may be due to the father, the mother or the foetus. The chief paternal causes are advanced age, lowered vitality, vicious practices, excessive venery, alcoholism, lead poisoning and syphilis.

"On the part of the mother the same causes that operate through the father will be more certain and direct, if they exist in her, to which are to be added malarial and typhoid fevers, pneumonia, smallpox, measles, lagrippe and some other general diseases, surgical operations on the productive organs or adjacent organs, sudden shock, severe mental strain or distress, falls or blows on the abdomen, etc. But by far the most common causes of abortion result from diseases, or displacements of the womb itself, to which may be added direct criminal procedures; over fifty per cent. are due to these causes."

The immediate danger in abortion is from hemorrhage or sepsis. The more remote results are observed in the numerous chronic diseases of the uterus, tubes and ovaries that afflict for life so many women.

Absolute rest, opiates in moderation, the correction of uterine displacements and proper medical treatment of any general condition that may act as a causative factor constitute the means of prevention. If we find the condition so far advanced that interference is useless we turn our attention to the securing of a clean and empty womb. The placenta, especially in the early months of pregnancy, is the chief source of difficulty. If this does not come away readily irrigate thoroughly and tampon.

Continued hemorrhage or sepsis after abortion are generally caused by remaining portions of membrane or placenta and are met by curettage, irrigation and drainage.—*Memphis Medical Monthly*, August.

Position of the Woman During Delivery.

BY WM. D. PORTER, M. D.

The ordinary position is exceedingly unfavorable as regards asepsis. The depression in the bed caused by the woman's hips favors accumulation of fluids, fecal matter, etc. The English position favors better drainage but involves flexion of the thighs which distinctly increases the danger of perineal lacerations.

"For years it has been the invariable custom of the writer to deliver in the following position: The woman lies on her back across the bed, her hips well to the edge and on a Kelly pad, so arranged as to carry fluids into a vessel on the floor. For this purpose, the small square pad is most suitable. The patient's legs are separated and extended. They are supported by assistants, by a couple of suitably placed chairs, or—and preferably—over the knees of the obstetrician, who sits on a chair facing the bed at a convenient distance. She should wear her stockings, her thighs should be enveloped in clean towels and she should be covered with a sheet. This position is maintained from the end of the first stage until the termination of labor, unless the second stage be tedious. In that event, the patient can resume her ordinary position in bed, to be again brought into the position described before the end of the second stage. The position is not tiresome to the patient or physician and can be maintained for hours without discomfort to either.

This position also reduces the number of vaginal examinations. The examinations usually made from time to time by the accoucher, that he may be apprised as to the probable termination, are not necessary. Within reasonable limits, the time makes no difference, as the position insures constant readiness on his part.

This position, better than any other, insures control over the advance of the head as it is about to emerge. In the ordinary position the degree of control is by no means satisfactory. Unless anesthesia be profound, the woman is likely to toss about at the critical moment. This often results in a needless degree of laceration. The position advocated eliminates this unfavorable element. The patient, unable to secure points of resistance for her feet, can not change her position. The obstetrician is in complete control and can delay, to the most favorable time, the delivery of the head and can manage accurately the rate of advance when it is delivered.

When delivery occurs, first the head and then the body is grasped, and the child is carried up over the pubes. The nurse places the blanket, in which the child is to be wrapped, across the abdomen and pubes of the mother. On this the child is placed transversely and low enough to permit of ready manipulation of the uterus. This avoids the danger to the child of infecting the eyes or cord with fecal matter and there is less liability that it may aspirate fluids into the air passages. The facility afforded by this position for the delivery of the placenta and for the detection and repair of perineal laceration needs no comment.

Of no very slight importance is the ease with which the patient can be cleansed at the termination of labor. No other position permits such free use of water. If ordinary care has been used the woman is clean and her garments and bedding spotless. A liberal application of soap and the use of a large fountain syringe of hot water, followed by an anti-septic solution, comprises a ready means of cleansing the external parts. If necessary, this can be done by the physician, and there is need of little or no exposure. If he will exercise the forethought to sterilize forceps, ligatures, sutures, needles, scissors, etc., and place these within convenient reach, it will be unnecessary for him to leave his chair until the labor has terminated and every necessary detail has received attention. He is in complete control of the situation and protects his patient from infection in the most unfavorable surroundings.

Incidentally, in an emergency such as a post-partum hemorrhage, this position is advantageous. There is necessarily a prompt notification of the danger, and the woman is ready in the most favorable position for treatment. More-

over, the young physician will find the position the best for studying the mechanism of labor.

In conclusion a brief recapitulation embraces the following claims for this position:

1. There is less liability of infection with fecal bacteria.
2. Fewer examinations are necessary.
3. There is better control of the head at the time of delivery, and consequently less danger to the perineum.
4. The woman can be more thoroughly cleansed after labor, and clothing and bedding are not soiled.
5. There is less danger of infecting the eyes or cord of the child and less risk of its aspirating fluids into its air passages.
6. In managing cases in the unfavorable environments of the lower classes, the position is especially valuable to the young physician, whose experience is gained largely among these classes."—*Journ. Am. Med. Assn.*, Sept. 7th.

The Relative Merits of Bipolar Version With Slow Extraction and Accouchment Force' in the Treatment of Placenta Praevia.

BY H. D. FRY, M. D.

The advantages of bipolar version is the ability to perform it with very little dilatation. The smaller this is the less the hemorrhage, which is unavoidable and incident to dilatation of the os. The amount necessary to perform bipolar version is comparatively safe. That necessary for internal version dangerous. The rapid delivery in accouchment force' adds additional risk of rupture.

The one serious objection to bipolar version is the slowness of the extraction and the consequent increase in infant mortality.

The author gives histories of fourteen cases of placenta praevia—half of which occurred in primiparae. Bipolar version was employed nine times, one case was treated by tampon, one by simple rupture of membranes, forceps extraction three.

All the mothers recovered. In the case treated by simple rupture of membranes the child lived. In the case treated by tampon it died. One head treated by version was perforated. In two forceps cases the child died, in one it lived. Of the eight cases treated by version three children lived, in one of these forceps were applied to the after-coming head.

Of the children who died—ten in all, since one case was a twin pregnancy—two, the twins, were not viable; one was at the seventh month; and four were dead when the author was called in.—*New York Medical Journal*, Aug. 17th.

Correction of Occipitoposterior Positions Through Seizure of the Anterior Ear by Two Fingers in the Vagina.

BY ROBERT L. DICKINSON, M. D.

The methods in vogue for rotation of the occiput forward are: (1) knee-elbow posture before labor or before the head engages; (2) lateroprone posture on the side to which the occiput points; (3) flexion, which accompanies every method; (4) pressure with two fingers on the temple; (5) seizure of the head in the hollow of the hand introduced into the vagina; (6) forceps in the ordinary application; (7) forceps reversed; (8) high manual internal rotation. He now suggests a simple method which has often proved successful, namely: seizure of the ear, and the exertion of pressure or traction to turn the head. This method is available whenever the ear is within reach. Two fingers are introduced beneath the pubic arch and the ear is caught between their tips. The palm toward the pubes gives the longer reach, and the anterior ear offers a better purchase for rotation of the occiput forward than any other simple method.—*American Medicine*, Sept. 7.

Axis Traction Forceps.

BY E. H. GRANDIN, M. D.

The main use of the forceps is as a tractor, the subsidiary uses are for leverage and rotation. Therefore the instrument should fulfill the following indications:

1. Traction in a correct axis.
2. Traction with expenditure of the least effort on the part of the operator.
3. Traction with the least compression of the foetal head.
4. Traction with the least interference with rotation.
5. Traction with the least consequent damage to the maternal parts.

The first two need no comment. As to the third the author believes that less pressure is exerted by properly applied axistraction forceps than by the ordinary style in which compression depends on the strength of the grasp of the operator—"the harder he pulls the more firm the grasp."

The fourth indication is best met by the style of forceps advocated since their handles always serve as an indicator whereas the very grasp of the operator prevents the handles of the old style forceps from moving.

Finally the fifth indication follows as a corollary from the fact that traction is in the correct axis and the tendency to utilize leverage is reduced to a minimum.—*Medical Record*, May 4th.

Cesarean Section.

BY Z. T. MALABY, M. D.

“A careful estimate of the size and conformation of the maternal pelvis, thus ascertaining whether or not there is a disproportion between the bony structures and the fetal head, is the secret of success in a large number of cases.

Pelvic deformities are comparatively rare in this country. Relative pelvic contraction, a pelvis of average size which is yet too small to admit of the passage of an overlarge child, however, is common.”

Any head, no matter how large, which can adapt or engage itself in a pelvis, no matter how small, can safely pass through the pelvis.

Contraction can only be said to exist when a particular head cannot adapt itself to a particular pelvis. Cesarean section is no longer postponed until labor sets in—with complete asepsis the mortality should not be over 5 per cent.

Indications:—1. When the mechanical relations would render forceps or version unusually difficult, forcible, and prolonged, and, when the mother is in the favorable class, the equally low maternal mortality and the far lower fetal mortality of Cesarean section make it the operation of choice. 2. When the mechanical conditions make the intrapelvic delivery of an intact child at term impossible or unduly difficult, the great superiority of the Cesarean section over the induction of premature labor in fetal mortality and its extremely low maternal mortality render it again the preferable operation. 3. Carcinoma in a pregnant uterus at times justifies this operation. 4. It is also indicated in a severe case of ante-partum sepsis. 5. It is permissible, if the mother is moribund and the child is known to be alive, where rapid delivery by the natural passage is impossible.—*Occidental Med. Times*, June.

The Treatment of Puerperal Eclampsia by Saline Diuretic Infusions.

The *Therapeutic Gazette* for September abstracts from an article by Jardine in the *Lancet*, of June 15th as follows: If it is admitted that we have a toxic substance in the system we must either administer an antidote or clear the substance away. As we do not know what the substance is we cannot furnish an antidote. It is more rational to remove the deleterious substance than to give drugs to check the fits. The author believes that if all albumenurias received proper

treatment eclampsia would be unknown. When the fits have commenced we must act promptly. Croton oil is frequently a failure. From one to three ounces of Epsom salts should be given—by the stomach tube if the patient be not fully conscious. If there be edema of the lungs pilocarpine may kill the patient. A hot pack or steam bath is most useful to make the skin act.

Diuretics by the mouth are uncertain. It is asserted that saline infusion causes no diuresis but by adding acetate of soda or bicarbonate of potash to the normal saline solution the author gets, as a rule, from two to four ounces of urine per hour within the first few hours. Besides flushing the system it dilutes the poison and stimulates the patient. It aids in controlling the fits. Cases treated without any drugs to control the fits do as well as those in which such drugs are used. The infusions are given under the breasts or into the abdominal wall. From one to three pints can be run in under the breast in a few minutes.

The obstetrical treatment in these cases varies very much. If the cervix is at all rigid incision is preferable to dilatation. Any bleeding from the cervix is beneficial to the patient, and if excessive can be readily checked by sutures. The results from Cesarean section have been exceedingly bad. In all operative interference the patient should be kept deeply under chloroform to prevent shock.

Treatment of Puerperal Infection.

BY D. T. LORING, M. D.

Puerperal infection is womb infection, hence the treatment of puerperal infection becomes essentially the treatment of womb infection. The interal administration of drugs is of no benefit. The proper treatment is surgical.

By puerperal infection is meant that occurring within four weeks after delivery. Not all elevations in temperature following delivery are due to infection. Probably 75 per cent. of the women having rise of temperature in the puerperal state will recover in a few days if left alone.

The treatment consists in limiting the infection to the smallest possible extent, the provision for abundant drainages, and the introduction of some antiseptic to sterilize the infected field. If seen early the normal saline solution or 2 per cent boric acid solution makes an efficient irrigation. Strong antiseptic solutions should never be used in the uterine cavity unless curettage is to be done immediately. If the case be seen late this treatment, strong antiseptic solutions followed by curettage, should be the one adopted. In cases of grave sepsis the intravenous injection of normal saline solution is of marked advantage.—*Medical News*, Sept. 7.

THERAPEUTICS.

Treatment of Bronchitis.

Just at this time of year the physician comes in contact with a great number of patients complaining of colds in the head and bronchial catarrh. In the larger cities this is due in a great many instances to the steam-heated apartments. People emerging from a warmer atmosphere are exposed to the cold air and the body becomes chilled, the circulation of the skin is greatly disturbed and the bronchial mucous membrane congested. Those patients suffering from chronic heart lesions—especially where mitral lesions are present, producing a congested condition of the pulmonary circuit—are more susceptible to the changes in the atmosphere and the weather. Such conditions in the extremes of life make the prognosis in attacks of bronchitis more unfavorable. The treatment must be directed to the different phases of the disease and to the special symptoms which may arise in each individual case. In this connection we wish to emphasize one point in the management of such cases, just as in all cases of infection, and that is—watch the elimination. Elimination should be promoted, not alone by the kidneys but also by the skin, bowels and respiratory tract. In this way the catarrhal turgescence of the mucous membrane is lessened and the process of free secretion is established. The patient should be cautiously and well fed with most digestible food, having warm clothing for the body and proper protection for the chest. In the milder forms of acute bronchitis the following is of service as an expectorant:

R	Ammon. carb.	-	-	5iss	6	
	Ammon. bromidi	-	-	5ii	8	
	Vini ipecacuanhæ	-	-	5iv	16	
	Aq. menthæ piperitæ q. s. ad			5iii	96	

M. Sig. One teaspoonful every four hours in water; or:

R	Ammon. chloridi					
	Sodii salicylatis, aa	-	-	5ii	8	
	Tinet. hyoseyami	-	-	5v	20	
	Mist. glycyrrhizæ co. q. s. ad			5iii	96	

M. Sig. One teaspoonful every four hours.

If the patient is strong and of a well-marked sthenic type according to Sir T. Granger Stewart, antimony is a drug of great efficacy, as follows:

R	Vini antimonialis						
	Vini ipecacuanhæ, aa	-	5iii	12			
	Spts. chloroformi	-	5iss	48			
	Liq. ammon. citratis q. s. ad		5vi	192			

M. Sig. One tablespoonful in water every six hours; or:

R	Vini antimonialis	-	-	5ii	8		
	Spts. etheris nitrosi	-	-	5ss	12		
	Liq. ammon. acetatis q. s. ad	-		5vi	42		

M. Sig. One tablespoonful in water every six hours. Discontinue when there are symptoms of depression or when free expectoraton is established.

If patients presenting signs of feebleness or general weakness, expectorants must be combined with cardiac stimulants, as follows:

R	Ammon. carb.	-	-	gr. xl	2	66	
	Spts. ammon. arom.	-	-	5vi	24		
	Aq. chloroformi q. s. ad	-		5iv	128		

M. Sig. One tablespoonful every five or six hours; or:

R	Tinct. strophanti	-	-	m. xl	2	66	
	Spts. ammon. arom.	-		5vi	24		
	Aq. chloroformi q. s. ad	-		5iv	128		

M. Sig. One tablespoonful every six hours.

When the cough is dry and very troublesome at night, so that the patient is unable to sleep, the following containing codein is valuable, which should, however, never be given so long as the cough brings up phlegm, but to quiet an aggravating cough, is quite useful.

R	Ammon. carb.	-	-	5ss	2		
	Codeinæ	-	-	gr. iv		25	
	Tinct. hyoscyami	-	-	5i	32		
	Syr. pruni virg.	-	-	5iss	48		
	Aq. camphoræ q. s. ad	-		5iv	128		

M. Sig. One dessertspoonful every two or three hours.

The free use of expectorants is of advantage in getting rid of particles of dust and foreign substance, which have lodged upon the mucous membrane and act as irritants to the respiratory passages. But we wish to suggest care in the use anodynes as in the foregoing prescriptions, for too free use of opiates and anodynes impair digestion, produce anorexia, cause constipation and quiet the cough, through which nature is attempting to remove causative factors.

Organic heart lesions, such as mitral regurgitation or obstructive lesions, producing marked congestion and dis-

tention of the bronchial vessels, cause a cough and sometimes an acute inflammation. In these cases measures must be taken to support and remove the load by proper cardiac stimulation and free elimination. The patient should be put to bed, so as to reduce the work of the heart, and the following is recommended in such conditions:

R	Ammon. carb.	-	-	gr. xl	2	66
	Infusi digitalis q. s. ad	-	-	5iv	128	

M. Sig. One tablespoonful in water every five or six hours.

Acting as indirect heart stimulants by dilating the peripheral blood vessels and thus relieving the pulmonary congestion and at the same time promoting diuresis, the nitrites are valuable:

R	Spts. glonoini (1 per cent.)	-	m. vi	36	
	Spts. etheris nitroso	-	5iss	6	
	Spts. chloroformi	-	m. vi		36
	Alcoholis	-	5i	4	
	Aquaæ. q. s. ad	-	5iii	96	

M. Sig. One tablespoonful every four hours.

Cases of bronchitis, with a history of rheumatism, are best treated by the use of the salicylates in some form combined, perhaps, with alkalies, as follows:

R	Sodii salicylatis					
	Sodii bicarb., aa	-	-	5ii	8	
	Syr. glycyrrhizæ co	-	-	5ss	2	
	Aq. foeniculi q. s. ad	-	-	5iv	128	

M. Sig. One tablespoonful in water every four hours.

And in gouty bronchitis colchicum is very valuable, if a proper preparation of this drug can be obtained. But as is the case in a few other drugs the value of this drug is uncertain, because of the unreliability of the crude drug used in making the medicinal preparation. The following combination is advised:

R	Vini colchici (sem.)					
	Vini antimonialis, aa	-	5iiss-iv	10-16		
	Pot. bicarb.	-	-	5ss	16	
	Aq. gaultheriae q. s. ad	-	-	5vi	192	

M. Sig. One tablespoonful four times a day in water.

CHRONIC BRONCHITIS.

The chronic forms of bronchitis require special attention in their treatment, because the degree of activity is not so great as in the acute, but the condition may go on for months or years, being kept up by constant irritation from some source, and this should be sought for and removed if possible. Even greater care must be observed in the clothing, the occupation, the food and the climate. However, in no disease, as Loomis states, is a careful study of each individual case more important. This form of bronchitis occurs in connection with emphysema and diseases of the heart and kidneys in elderly people, and, under such circumstances, the particular cause should be discovered and treated in each case.

Potassium iodid is very often used to good advantage, and has been found very efficient in the majority of cases. The following formula is recommended:

R	Potassii iodidi	-	-	5 <i>ii</i>	8	
	Syr. picis. liq.	-	-	5 <i>iii</i>	12	
	Syr. acidi hydriodici	-	-	5 <i>v</i>	20	
	Syr. tolutani q. s. ad	-	-	5 <i>iii</i>	96	

M. Sig. One teaspoonful four times a day in water.

The aromatic balsams, combined with mild anodyne, are serviceable if the cough becomes troublesome :

R	Balsami copaibæ					
	Pulv. camphoræ, aa	-	-	5 <i>i</i>		
	Pulv. acaciæ, q. s.					

M. Ft. capsulæ No, xv. Sig. Two capsule four times a day; or:

R	Copaibæ	-	-	5 <i>ii</i>	8	
	Spts. chloroformi	-	-	5 <i>ss</i>	2	
	Mucilag. acaciæ	-	-	5 <i>vi</i>	24	
	Aq. camphoræ q. s. ad	-	-	5 <i>vi</i>	128	

M. Ft. mistura. Sig. Two tablespoonfuls three times daily.

Turpentine is sometimes very efficacious, and it may be given in capsule or in the form of an emulsion according to Yeo:

R	Olei terebinthinae	-	-	5 <i>ii</i>	8	
	Mucilag. acaciæ	-	-	5 <i>i</i>	32	
	Tict. amygdalæ q. s. ad	-	-	5 <i>vi</i>	192	

M. Ft. mistura. Sig. Two tablespoonfuls at each dose, every six hours.

Creosote is a valuable preparation in chronic bronchitis, and may be given in capsules or in liquid form as follows:

R	Creosoti	-	-	-	5ss	2	
	Aq. chloroformi	q. s. ad		-	5ii	64	

M. Sig. One teaspoonful four times daily.

As a good stimulating expectorant in cases of chronic bronchial catarrh with profuse, stringy, adhesive mucus, such as is often met with in the aged, the following is recommended by Yeo:

R	Ammon. carbonatis						
	Sodii bicarb., aa	-	-	gr. xl	2	66	
	Tinet. camph. comp.	-	-	5iv	16		
	Spts. chloroformi	-	-	5iss	6		
	Infusi senegæ q. s. ad	-	-	5viii	192		

M. Ft. mistura. Sig. Two tablespoonfuls every five or six hours, administered in hot water.

—Journal A. M. A.

CANCER, ITS NATURE AND ITS TREATMENT.—John Holden Webb (*The Lancet*) declares that cancer is not communicable, and yet is autoinfective. Cancer is uncontrolled proliferation of the cell. Cholesterine in the economy is in solution, and is kept in this condition by its natural aqueous solvent—soap. It is the loss of this soap that permits cholesterine to separate from the living cell, and cell cancer to start. The uncholesterine is the uncontrolled cell. Cholesterine is at fault in this disease as the bad odor shows. As treatment, the writer uses injections of soap. A bit is dissolved in boiling distilled water and strained. Never more than a teaspoonful should be administered at a time. When thyroid is not contra indicated it is given per os. The treatment has met with excellent success. When the soap injection is given even alone, pain and odor have been avoided in most trying cases, such as cancer of the tongue. The writer defines malignancy as the crystallization of cholesterine from the living cell.—*Medical Record*.

EDITORIAL.

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These will be largely abstracts, but we shall endeavor to make them as full as possible, with the idea of giving the information contained in each and not of merely indicating where such information can be acquired.

It is our idea also to select only those subjects that are of general interest to the profession, especially in this locality, and with this end in view we cordially invite suggestions as to a choice of subjects from our subscribers.

It is not always possible for a physician to carry a long list of journals, nor practicable for a busy man to hunt through old files for articles on some special subject. We make the proposed change in our method with a view of meeting just such conditions, and assure our subscribers that any suggestions we may receive from them will have our earnest consideration.

THE STATE CHARITY HOSPITAL.

Judging from the frequent comments on the subject, and letters of enquiry concerning the plans proposed by physicians of this city it would appear that the question of organizing a visiting staff of physicians for the Hospital has made an impression, not only on the people of this community but the state as well. This is one question that we believe will be

settled in a non-partisan, non-factional, dispassionate way. It is a question that deserves such consideration and such settlement and we believe it will receive it. It has no place in politics and the people should interest themselves in keeping it out of politics. The physicians whose names are signed to the letter addressed to the trustees, an extract of which was published in the RECORD last month, are not in politics and take no part in the factional fights of the city. Their proposition is a business one, pure and simple, made in the interest of an institution they would be glad to see improved. The proposition is such that it is bound to carry conviction with it.

The Hospital is a charity supported by the state, city of Vicksburg and county of Warren. The statement that the appropriations are not adequate for its proper support is generally accepted as true. We believe it is true. The physicians who signed the letter believe it is true. There are poor prospects of getting, from any source, an increase in the appropriation. Then what can be done under the circumstances that will give more money to be applied to the improvement of the facilities of the institution without crippling its efficiency? There is but one item of expense that can be cut down without detriment to its inmates and that is the salaries of its physicians and surgeons. Public hospitals are not built and supported to make place for salaried officials. They are intended to benefit the poor, and every dollar unnecessarily spent in salaries is thereby diverted from its proper channel. Even without a visiting staff, two surgeons and a large force of internes are not necessary to the successful management of this small Hospital. With a visiting staff, such as is proposed by the physicians of Vicksburg, and one resident house surgeon, better medical and surgical services can be given and that too at a saving of twenty-five hundred dollars annually. A visiting staff, composed of good men, physicians and surgeons of ability, serving without pay would give character to the institution and strengthen it before the people. The knowledge that such physicians are connected with it in a professional capacity, that they have rights and privileges there, guaranteed them by the Board of Trustees, would carry more pay patients to the pay wards of the Hospital and thus increase its revenues. But

this is not all. These gentlemen propose to serve the Hospital without pay, thus decreasing the expenditures of the Hospital at least twenty-five hundred dollars annually. This means ten thousand dollars to the Hospital in four years and twenty thousand in eight years. Eight years is a short time and twenty thousand dollars is quite an item of saving in so short a time. As business men we believe the trustees will accept this gift from the medical men of the city and apply it to improvements that will redound to the comfort and benefit of the poor who go there for medical and surgical treatment. We believe the trustees will lay aside all personal consideration in the matter and stand upon the broad principle of the greatest good to the greatest number. We do not believe the people of this city and state will be satisfied with anything short of giving the plan suggested by the physicians a fair and impartial trial. Certainly nothing can be lost to the institution by the adoption of the plan proposed. The physicians have made the proposition in good faith. Their reputation is a guarantee that they will comply with their part of the proposed contract. They could not afford to fail of compliance therewith.

When it is known that the physicians are doing so much for the institution it will stimulate the state of Mississippi, the city of Vicksburg and county of Warren to do more for the Hospital in the future than they have done in the past. It may also stimulate other counties in the state besides Warren and parishes in Louisiana to appropriate something to the institution when it is known by them that their gifts will be applied to the care of the inmates and not to unnecessary officials.

Since this proposition was made by the physicians we have seen a letter from a well known physician in Natchez in which he states relative to the Natchez Hospital: "Dr. Brown is the House Surgeon, salary as you note, and has no other remuneration. His work is the Hospital and he does no town practice. He lives at the Hospital and works as I never saw a man work, a fine man, a learned physician and a skilled surgeon. His having no practice is by agreement with the Board to do nothing except care for the Hospital. This plan has worked advantageously as far as the institution

is concerned but I estimate to a disadvantage as far as Dr. Brown is concerned.

The establishment of a training school for nurses is working well and already when a nurse is needed out in town the Hospital supplies one."

The pay roll shows that Dr. Brown *now* receives one hundred and twenty-five dollars per month, and the nurses referred to, eight in number, five dollars a month each. We are informed that Dr. Brown served in the Hospital for quite a while, and gave his entire time to it, at a salary of fifty dollars a month. He is to-day one of the best physicians and surgeons in this state. He has no visiting staff, no paid chief of internes, but does all the work himself, lives in the institution and gives his entire time to it and yet he receives only one hundred and twenty-five dollars a month. With a visiting staff, as proposed by the Vicksburg physicians we know that the services of a capable man can be secured for our Hospital at one hundred dollars a month who will do the emergency work, supervise the Hospital, keep its records and the records of the Board of Trustees and live in the institution.

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An oxygen-carrying ferruginous preparation, suitable for prolonged treatment of children, adults and the aged. Indicated in anemia and bodily weakness, convalescence from acute diseases and surgical operations; boys and girls at the age of puberty, and the climacteric period in women. In children with chorea, rickets, or who are backward in development, or in whom there exists an aversion to meats and fats. Prolonged administration never causes "iron headache."

As an adjuvant for potassium iodide the undesirable manifestations known as iodism can be removed.

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Those cases of irritable heart, irregular or intermittent pulse so frequently met with by insurance examiners and found to be due to excess of uric acid, are special indication for Maizo-Lithium.

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MEDICAL NEWS AND MISCELLANY.

Similar to the Effect of Sunlight.

(From *The Medicus*, May 1901.)

The physiological-chemistry of antikamnia, in disease, exhibits analgetic, antiperiodic, antipyretic and antiseptic functions. Its antiperiodic tendency is similar to the effect of sunlight, though differently expressed. However with antikamnia this latter function is materially aided when combined with other well known drugs, such as quinine and the milder laxatives. The ideal combination I have in mind may be obtained in "laxative antikamnia & quinine tablets." To reduce fever, quiet pain, and at the same time administer a gentle tonic-laxative is to accomplish a great deal with a single tablet. Among the many diseases and affections which call for such a combination, I might mention la grippe, influenza, coryza, coughs and colds, chills and fever, and dengue with its general discomfort and great debility. These tablets administered in doses of one or two and repeated every one or two hours are a perfect antiperiodic in malaria, and a perfect reconstituent tonic—an expression of solar life, light and energy in malarial anaemia. (D. P. Hammond, A. B., M. D., Rome, Ga.)

A CLINICAL REPORT ON GUDE'S PEPTO-MANGAN.

BY SAMUEL WOLFE, A.M., M.D.,

Physician to Philadelphia Hospital Neurologist to Samaritan Hospital, Philadelphia, Pa.

There may still be some doubt whether manganese is a normal constant constituent of the human blood or of any of the tissues of the body. It may not have been positively determined whether iron, when given in an inorganic compound or in pure metallic form, is absorbed by the mucus membrane of the stomach or intestinal canal, or whether it accomplishes its curative work by some occult process of stimulation of that membrane, by virtue of which it takes up with greater readiness the nutritive portions of food substances which are presented to it at the same time; or whether it plays a chemical role in changing the contents of the alimentary canal, so that what eventually passes into the circulation is more fitted to maintain high standards of nutrition or will prove less deleterious to the processes of life.

Even when we have combinations which, whether obtained synthetically or analytically, resemble the forms in which this metal is found in the blood, our assurance is by no means perfect that they can pass the portals of the circulation, the absorbent organs of the alimentary tract, without great risk of change from their original forms, in their contact with the substances and tissues to which they are exposed.

All these are still questions, on some the evidence is sufficiently positive to leave but little doubt, while on others there are so many theories that we are left to choose what may best suit the results of our own observations, if not, indeed, our caprice or fancy.

To the chemist and therapist these are certainly interesting and practical questions. Before the physiologist and pathologist still others of equal importance loom up. What are the different steps in the process by which an atom of iron, in either a food or drug, becomes ultimately an ingredient of the haemoglobin of a corpuscle, and what have been the dynamic processes with which it has associated itself up to this point? Again, what is its final destination and disposal? With what materials has it been combined, and what forces has it generated and modified by the time it has finished its course? What accounts for its disappearance under certain abnormal conditions, and why does the train of symptoms which we witness arise under these circumstances?

Again, these are facts, theories, hypotheses and speculations which we are bound to consider, and, in the light of our own reason and judgment, to determine.

But while we are thankful for all the light that can be shed on these problems, and, as members of a cultured profession, are impelled to continue their investigations, yet to the clinicians their solution is not essential. Whether his path be flooded with the brightness of midday or shrouded in Egyptian darkness, he must still walk on in it. When, in the records of professional literature or in the acquirements of his own personal experience, certain means have associated themselves with consequent legitimate ends, it is his plain duty to adapt the one to the other. And, again, where the means have been to a degree inadequate, on the introduction of what appeals to his reason as of a higher probable power, he must determine the claim. The clinician must not allow himself to be diverted too far into the by-paths of knowledge, lest he become timorous and undecided. The locomotive engineer, who knows the management of his engine in such a way as to start it, regulate its speed and stop it, so that he will constantly carry his train to its destination on time and without accident, and with the accomplishment of all that is expected of him at the termini and at the way-stations, is but little the better for a complete knowledge of the country through which he travels; of the industries of the towns at which he stops; of the mechanical and physical forces which rule the movements of his engine;

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The results obtained from your "Antiseptic Powder" were most satisfactory, being used in cases of Gonorrhœa and Leucorrhœa, and results obtained were most pleasing, relieving the symptoms in both cases. With best wishes, very truly.

W. BALDWIN WAYT, M.D.,
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WESTERN STATE HOSPITAL OF VIRGINIA

I have used Tyree's Antiseptic Powder in Leucorrhœa and Vaginitis, and it gives me much pleasure to recommend its use in the various forms of Leucorrhœa and Gonorrhœa.

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MEDICAL PRESS COMMENTS ON VOL. I

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Hahnemannian Monthly:

"Dr. Bryant's Surgery is admirably adapted alike to the use of the surgeon, the general practitioner, and the student. It stands almost without a rival, and to those who consult its pages it speaks carefully and accurately, and with authority."

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or of the mathematical rules which govern the construction of the road.

My observations with Pepto-Mangan, introduced to the profession by Dr. Gude, chemist, of Leipzig, are such as can be easily confirmed by any physician, since they were all made in private practice, and rest on bedside and office notes. I have used the preparation to a considerable extent ever since it was first brought to my notice, which I think was about two years ago. Owing to some specially good results obtained, I was led to the series of recorded observations on which this paper is based. They extend over four months of time, and embrace about fifty cases.

As a rule, I followed the directions issued by the manufacturers in its administration, giving to an adult a tablespoonful dose and to younger subjects a proportionate amount. Milk seemed to be the best vehicle, and immediately before or after meals a convenient time. In its relation to food, however, I do not think we need exercise any special care as to its administration. There were but few cases in which I found any disturbance of the digestive functions by these doses, but in several there was considerable constipation induced, and in one or two some diarrhea, as the apparent result of the drug. While my experiments in this direction have not gone far enough to beget firm convictions, I am of the opinion that in the main equally good results could be achieved by a smaller average dose, and in this way the small number of untoward results might probably be still further diminished.

In one series of twenty-three cases the patients were all married women, ranging from the ages of twenty-two to seventy, who were more or less anaemic from various causes. In all but five the results were decidedly satisfactory, and of these one failed to report the second time, so that the result is not known. The other four were cases of advanced organic diseases, in which no therapeutic procedure could have given decided results. In nine of the twenty-three cases the results might be classed as brilliant. In all of the others I am convinced that no other preparation of iron could have done more. The condensed details of a few illustrative cases from this series follow.

A woman of 65, during several years, had occasionally applied for relief from vertigo, frequent attacks of palpitation and general weakness and nervousness. She also had frequent long continued attacks of diarrhea and some gouty manifestations in the joints. In November I found her very decidedly prostrated and anaemic. She took the Pepto-Mangan in connection with a carefully regulated diet (chiefly albuminous) for six weeks and gained steadily in strength and weight. At the end of that time her symptoms had disappeared, and she claimed to be in better condition than at any time during the previous two years.

A woman of 25, of highly nervous temperament, cultured and refined' had passed through her first confinement in May, the labor being a very difficult one, and resulting in a still-birth. She grieved very much, and, though fighting bravely against her depression of spirits, by autumn she became very neurasthenic and anaemic. She had morbid fears, frequent flushes, and some menorrhagia. She was put to bed and given Pepto-Mangan and strychnia sulphat in gr. 1-30 doses b. i. d., and recovered rapidly. She again became pregnant, and is perfectly well.

A mother of three children, aged 32, the youngest ten years of age, who has during the last year had some three or four attacks of menorrhagia, had gradually reached a quite profound state of anaemia in spite of plentiful administration of other forms of iron in the intervals of the menses. She is obstinately persistent in refusing a uterine examination, and was therefore treated symptomatically only. My recent prescription of Pepto-Mangan has rapidly dissipated her pallor and improved her general health.

A primipara, aged 22, was pale during pregnancy, and at the end of her lying-in, though she had not lost blood at all profusely, and claimed to feel well, was very pallid. After using the Pepto-Mangan for two weeks her color had been fully restored.

Two young married women, both of whom had passed through a confinement within a year were anaemic, and frequent sufferers from head-

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AND
EDITED BY

SOLOMON SOLIS COHEN, A.M., M.D.

Professor of Medicine and Therapeutics in the Philadelphia Polyclinic ; Lecturer on Clinical Medicine at Jefferson Medical College ; formerly Lecturer on Therapeutics at Dartmouth Medical College ; Physician to the Philadelphia and Rush Hospitals, etc.

Fellow of the College of Physicians of Philadelphia ; Member of the Association of American Physicians ; former President of the Philadelphia County Medical Society, etc.

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aches, and considerably debilitated. They both recovered promptly on the Pepto-Mangan.

Another series of nine cases consists of children from infancy to the age of 12. In all marked results were obtained.

A little girl of 4, for two successive summers had frequent malarial attacks of an irregular character and resulting in anaemia and debility. She had been treated with arsenic, quinine, various preparations of iron, and, though responding to the drugs, was still inclined to fall always a ready victim to fresh onsets of the disease. On Pepto-Mangan she made steady and rapid progress toward robust health, and now is a perfect specimen of a vigorous child.

An infant of seven months passed through a siege of infantile remittent with a great deal of bowel disturbance, which yielded to quinine in the course of two weeks. Within a month the same train of symptoms developed, and quinine was again given, and followed by Pepto-Mangan, and since then the child's health has remained good, although several months have elapsed.

A girl of 7, who had for a long time been pale, took diphtheria. After recovery from the disease, the anaemia, as might be expected, was still more grave. She was put on Pepto-Mangan and soon became rosy and strong.

Another girl of the same age, also habitually pallid, had wryneck for two weeks, which disappeared under iodide of potassium, but the anaemia had increased. Her restoration in color and to robust health was secured by the use of Pepto-Mangan for a month.

A little boy of 4 had measles, from which he made a good recovery. Two months later he was very anaemic and listless, with poor appetite and slight feverishness. He at once improved on the Pepto-Mangan, and continued until fully restored.

A baby, six months old, one of a pair of twins, had developed a quite marked degree of hydrocephalus. Large thin blue veins stood in relief all over the scalp. The anaemia was very pronounced. She was put on Pepto-Mangan, and her appearance now is much better, with strong indications of the arrest of progress in the disease.

Another series of five cases includes girls approaching, or slightly beyond, puberty, all anaemic, and all responding to the use of Pepto-Mangan.

Of this class, a girl of 17, who has always been pale, thin and puny, has only come under treatment within a month. She has never menstruated, and shows but little tendency to don the usual physical habiliments of the maiden. She is under size, but has since her early girlhood always had an aged look. Her appetite is very meagre and somewhat capricious. She suffers from pains in the legs, more especially the joints, and has a distinct systolic murmur. Under the Pepto-Mangan she seems disposed to gain in color and appetite, and the pains in the legs have somewhat diminished. I shall watch the outcome of this case with great interest.

In submitting this report, I wish to summarize these conclusions:

That Pepto-Mangan is a highly available preparation of iron, on account of its liquid form, pleasant taste, non-corrosive action on the teeth and unirritating effect on the digestive organs, admitting thus of easy gradation of dose, easy administration to children and avoidance of unpleasant effects in all classes of patient.

That it is an efficient and rapid restorer of the normal quality and quantity of the blood, in all conditions where the state of the organism admits of this result by the administration of a chalybeate.

Sanmetto in Frequent Micturition and Nephritis Following LaGrippe.

I used Sanmetto in a case of a man seventy eight years of age, recovering from LaGrippe, troubled with frequent micturition and chronic nephritis. The result of the agent was completely satisfactory. Have used it in cases of irritable bladder, with pleasing results.

BENECIA, CAL.

A. BLODGETT, M. D.

Oleaginous Science.

There have been many reported "strikes" in oils, and now it is asserted by some scientists that petroleum is really a distilled and fossil fish oil! Is it possible that Norway cod were really at the bottom of the Standard Oil Company? Who can say? If science says so, one may go on downing the oil, but there is no downing science.

Hagee evidently believes in science and in oil in the same breath. In any event Hagee's Ol. Morrhuæ Comp. is the outcome of scientific combination and adaptation. Its formula makes it a food of the greatest value in all wasting diseases and low states.

If there is anything better in the market we shall be glad to herald its virtues.—*The Dietetic & Hygienic Gazette.*

A Word of Praise.

It gives me pleasure to say a kind word for Sanmetto—it surely deserves praise. I have been using Sanmetto in all affections of the genito-urinary tract, and it is by far the most reliable and *unfailing* agent of its class known to me in the thirty-one year's experience as a medical practitioner. Vivat Sanmetto!

SCOTT, L.A.

H. D. GUIDRY, M. D.

The Bryan Rate of 16 to 1.

S. F. Wehr, M. D., of Belleville, Ill., late Surg. U. S. A., writing, says: "For upwards of ten years I have been using and prescribing Sanmetto for almost all kinds of genito-urinary troubles. I have never found anything its equal. In chronic cases of gleet it cannot be excelled. In all kidney troubles its action is fine, relieving the backaches, etc. I could not get along without keeping it upon my dispensing shelf. Hundreds of empty bottles are in my cellar I would exchange for filled ones at the Bryan ratio of 16 to 1. So much for Sanmetto."

Nicholas Senn Prize Medal.

The committee on the Senn Medal beg leave to call attention to the following conditions governing the competition for this medal for 1902:

1. A gold medal of suitable design is to be conferred on the member of the AMERICAN MEDICAL ASSOCIATION who shall present the best essay on some surgical subject.

2. This medal will be known as the Nicholas Senn Prize Medal.

3. The award will be made under the following conditions: *a.* The name of the author of each competing essay shall be enclosed in a sealed envelope bearing a suitable motto or device, the essay itself bearing the same motto or device. The title of the successful essay and the motto or device is to be read at the meeting at which the award is made, and the corresponding envelope to be then and there opened and the name of the successful author announced. *b.* All successful essays become the property of the ASSOCIA-

TION. *c.* The medal shall be conferred and honorable mention made of the two other essays considered worthy of this distinction, at a general meeting of the ASSOCIATION. *d.* The competition is to be confined to those who at the time of entering the competition, as well as at the time of conferring the medal, shall be members of the AMERICAN MEDICAL ASSOCIATION. *e.* The competition for the medal will be closed three months before the next annual meeting of the AMERICAN MEDICAL ASSOCIATION, and no essays will be received after March 1, 1902.

Communications may be addressed to any member of the committee, consisting of the following: Dr. Herbert L. Burrell, 22 Newbury Street, Boston, Mass.; Dr. Edward Martin, 415 S. 15th Street, Philadelphia, Pa.; Dr. Charle H. Mayo, Rochester, Minn.

BOOK REVIEWS.

The Diseases of the Respiratory Organs, Acute and Chronic. Arranged in Two Parts. By William F. Waugh, A. M., M. D., Professor of Practice and Clinical Medicine, Illinois Medical College, etc. Chicago: G. P. Englehard & Co. 1901. Price \$1.00 net.

The author of this book believes that the treatment of the diseases discussed has progressed beyond the teachings of the text books on practice and hence the book has been written. Whether the methods of treatment he advocates are the correct ones or not, there is one point that can not be controverted and that is, he is drawing many physicians to his way of thinking. He thinks "this subject is but in its formative state, and is by no means presented as a finished product." We believe the book is worthy a very careful study by the profession and since the price is only one dollar we predict that it will be extensively read and studied, when each one will judge for himself as to its merits.

Transactions of the Medical Association of the State of Alabama. (The State Board of Health). Organized 1847. Meeting of 1901; Selma, April 16-19. Published by the Association.

The Medical Association of Alabama is easily the most perfectly organized State Association in the South, if not in the Union. The Transactions are full of interesting reports and original papers. It is a well bound volume of 508 pages and reflects credit upon its members.

The next annual meeting will be held in Birmingham, commencing on the third Tuesday in April, 1902, and continue for four days.

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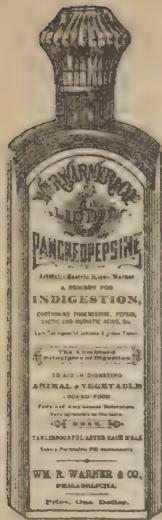
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Mississippi Medical Record.

Vol. V.]

December, 1901.

[No. 12.

ORIGINAL CONTRIBUTIONS.

CALORIMETRY VS. THERMOMETRY.

BY A. T. MITCHELL, M. D., VICKSBURG, MISS.

These measurements of the Physicists in their considerations of heat are of particular interest to Physicians since it can be broadly said that the latter only notice derangements of metabolic processes that concern the whole organism when it is registered on the vernier of a thermometric apparatus.

Of the amount of heat produced, the essential consideration, no account is taken: but the determination of the point on the thermometer's index is called the gravity, relatively, of the pyretic individuals' condition.

The lines on which I hope to make a comparison between calorimetry and thermometry pertinent and perhaps applicable clinically, will tend to develop that comparison in such form that it will be plainly seen my object is that of urging the further development of calorimetric methods as an aid to the proper understanding of thermometer readings, and as throwing light on the changes in the economy regarding which the index of that instrument is silent.

Although the application of the thermometer to the determination of man's temperature is nearly two hundred years old (Celsius 1701-1744), yet it is hardly more than one generation ago that saw its general introduction.

Before that, the frequency rythm and tension of the pulse, the respiration and sensation imparted by the feeling of the skin, were the data depended on in diagnosing an elevation of temperature.

The thermometer now enables us to state an absolute fact instead of an opinion, and further to give exactly the degree of hyperpyrexia.

This is certainly a great and invaluable gain, and it is almost an inconceivable possibility that some form of thermometer will not always be used. It will also always be constructed with fixed points based on freezing distilled water and boiling it at sea level.

Consequently it will never mean any more than the position on the scale between these two points a mere comparison of the object in question with constants.

The variation of this position will always indicate a change, but nothing more or less, in homoiothermic animals whose place has been fixed on that scale by averaging.

The fact that in man the "Normal" 98.6 degrees Fahrenheit has been arrived at by a more or less adequate number of mean averages, still further belittles the significance of the departure of the mercury column from it, since it is made up of varying healthy temperatures due to individual equation, age, zone of residence, climate, habits and time of day.

Since the accurate determination of mean temperature by a thermometer vernier means so little in a general way regarding the disturbance of heat equilibrium, the above vagaries of each individual add no little quota to the feeling of inadequacy of our present means of interpreting febrile phenomena.

To bring out clearly another pessimistic attitude towards thermometry it will be necessary to recall the physiological division of the heat regulating mechanism into the thermolytic or heat eliminating the thermogenetic or heat producing and the highest or heat regulating proper, the thermotaxic.

The maintenance of the body temperature at 98.6 requires the almost uninterrupted evolution of kinetic energy in the form of heat.

The potential is furnished by food, and oxygen evolves it into

kinetic by its familiar reducing power with its accompanying liberation of heat.

This oxidation of the complex proteids C₅₂-H₈-N₁₆-O₅₂-S₂ the inflammable C₆-H₁₂-O₆ carbohydrates and the great heat producing fats C₃-H₅ (C₁₈-H₃₃-O₂₂); is the source of the thermogenesis.

Eliminating consideration of the proteids destined, after conversion into serum albumen and globulin, for conversion into living protoplasm, we can consider the fats stored as adipose globules in the areolar spaces and the carbohydrates as glycogen in the liver and inosit in the muscles as being given according to every moments' needs by thermotaxic center to the omnivorous oxygen for oxidation into heat in the aptly named "tissue respiration."

Of the total heat potential, some 10,000 units, such is the fate of about half in the maintenance of the body temperature. Details of this reducing of complex bodies into the simple C O₂ and H₂O with the incidental heat considerations connected with their removal may be neglected.

So may also be passed over the warming of the feces, urine, air etc., in passing to the part taken in thermolysis by the skin.

The control of the vaso-motor center enables one-fourth of the blood to be sent at once to the surface. This 2,400 feet of available radiating area with the great aggregate of two million sweat glands and their capacity for evaporation, would seem ample for rapid and immense elimination.

These high numerals and our constant temperature in the neighborhood of 97-99 in spite of external conditions of minus 50 to plus 400 F. would indicate a center of the very highest rank, with such subsidiary ones as the vaso-motor and respiratory, under its immediate control.

Whilst its capacity for handling such large numbers of energy units under stress of outside disturbing conditions is indisputably admirable, yet it is equally certain that under the influence of internal conditions it is easily disturbed.

These disturbing factors seem to be toxins little understood as yet, but in many febrile diseases a product of fairly well-known bacteria.

From a consideration of thermotaxis, thermogenesis and thermolysis it is evident that further knowledge of the exact way in which these functions are disturbed is desirable in the treatment of fever.

It is equally evident that a departure from the average temperature as indicated by the thermometer besides having only the unsatisfactory meaning set forth in the first part of this article, can now have another charge brought against its significance. This last accusation is, that it merely tells us that the thermotaxic center is disturbed.

As to pointing towards which way, and that there are but two, its index is silent.

In developing the subject of thermotaxis the object was to make the point clear that the thermometer was not a guide to the gravity of the destructive process. A man might have 105 degrees of fever and not show it if his eliminative process was abnormally active; conversely if it was equally inactive an average katabolism might show the same reading.

The appropriate treatment would be very different.

In no way can the practical side be better illustrated than in the case of the low temperature and manifestly great tissue waste of tuberculosis. I have for a year past been trying to get some method of directly measuring the amount of heat production.

As some constant factor is necessary as a basis to work on, I have only lately decided on a measured volume of CO₂ expired into a spirometer. The amount of CO₂ more nearly represents the abnormal activity of thermogenesis than the output of urea does excessive protoplasmic katabolism, and besides more nearly conforms to the object in view.

The estimation of thermolysis is attended with impracticable complexity, and it is, unfortunately, generally concerned with thermogenetic—derangements of heat equilibrium.

Whilst this is submitted to the profession as merely an essay and in no wise as an exposition of original work, yet I will state that with a balance and two containers of CA HO I have in the case of a tubercular patient found a difference of 1-15th gram between about 100 cu. inches of the patient's expired air and the same amount of my own. The temperatures at the time (a. m.) were the same, and the spirometer used was the very simple one of a rubber bag.

In my limited field I will continue to endeavor to make calorimetry available at the bedside. I feel that the subject is a most interesting and promising one, so much so that as we are bound to advance beyond the thermometer in time, it will be along the general direction here indicated.

Prize essay for best original medical essay competition conducted by and prize given by "Mississippi Medical Record.—DR. H. H. HARALSON, Editor.

The prize was a Clarke & Robert's \$100.00 surgical table-cabinet.

Contestants besides Dr. Mitchell—E. C. Elliott, Memphis; E. F. Howard, Vicksburg, J. C. Ballard, Natchez.

Committee of Award:

Dr. Edmond Souchon, New Orleans; Dr. J. D. Smythe, Memphis; Dr. R. A. Quin, Vicksburg.

***ACUTE EDEMA OF THE EPIGLOTTIS.**

BY S. G. DABNEY, M. D.,

**Professor of Ophthalmology and Clinical Professor of Otology
and Laryngology in the Hospital College of Medicine,
Louisville, Ky.**

I saw a case a few days ago sufficiently out of the ordinary to be worth reporting. A gentleman, aged sixty years, apparently a very healthy man, came to my office one morning saying his throat hurt him a great deal and that he had some difficulty in swallowing.

I examined his throat and found slight redness of the lower part of the pharynx on one side, and perhaps a little general redness over the upper part of the larynx. His temperature was a little over 100 degrees F. I gave him some simple prescription and advised him to go home and remain quiet for a few days.

That evening he telephoned me that he was having great difficulty in swallowing, and asked me to come out and see him. I found the upper part of the throat, all that was visible without the laryngoscope, perfectly normal; but on using the laryngoscope I found decided swelling of the epiglottis. So the gentleman presented the appearance we often see in acute edema of the larynx, being confined to the epiglottis. I gave him some of the usual remedies, tincture benzoin inhalations, etc. He had a very painful night and by the next morning was entirely unable swallow. He could not even get the smallest amount of semi-solid food down.

I did not believe any operative procedure was indicated at that time, and the greatest difficulty was just how he could be fed. The only way we could get anything down was by putting the patient in the position in which we feed children after an intubation has been performed. I placed him on a sofa with his head hanging over the side so that fluid taken into the mouth would be lower than the entrance into the larynx or trachea, and by this means he could take a glass of milk or other fluid, but the difficulty in swallowing was most intense on account of the edema. Twelve hours elapsed, swelling of the epiglottis continued, but fortunately it did not extend to structures below or behind it.

The next day there was no subsidence of the swelling under the usual medical treatment, and the epiglottis had reached the diameter (I am sure I do not exaggerate) of my thumb, entirely obscuring by that time the larynx and below it, but there were no symptoms of impaired breathing. That of course made me feel fairly easy about the case. His urine had been tested and he told me found normal, both in a preceding illness and at that time.

The second day the symptoms having become very intense, the difficulty in swallowing remaining, I made several punctures into the larynx over the epiglottis with a concealed laryngeal knife.

*Reported to the Louisville Clinical Society.

The relief was wonderful. Within ten minutes he said he felt a great deal better. Within a few hours he was able to swallow fluids, and by the next morning he was nearly well.

I report the case as being one of intense and unusual swelling of the epiglottis, coming on with great suddenness and severity, with difficulty in swallowing, and the fact that in feeding the position in which we put the child after intubation was satisfactory and enabled him to take sufficient nourishment to sustain life, and the great relief following numerous incisions with the curved laryngeal knife.

REMARKS.

Dr. Wm. Cheatham:

I have recently seen two or three cases similar to the one described by Dr. Dabney. In one case, a lady aged thirty-five years, the swelling involved only the right arytenoid, and interfered very much with respiration. I have gotten much benefit in these cases from steaming, using compound tincture of benzoin, sucking ice, and an active purge.

Dr. S. G. Dabney:

In regard to steaming with benzoin: We can speak decidedly in favor of this in laryngeal inflammations. It is a routine measure, but in this case it seemed to have no effect on the swelling. Benzoin is a valuable agent in acute catarrhal laryngitis.

ABSTRACTS AND EXTRACTS.

TYPHOID FEVER.

"Responsibility for Typhoid is, of course, illustrated by every epidemic, but in a striking manner by that of New Haven. The excreta from a single patient were carelessly allowed to pollute the city's water supply, and the result is that about 500 people have had typhoid fever—the largest epidemic ever known in the state. This fact, again, shows how civilization means the interdependence of each upon every other, the well-being of the social organism being bound as with that of its units. But more than all else does the epidemic demonstrate professional responsibility. Each physician may have in his hands the health of the entire community. Thousands of cases of disease may be due to his carelessness as to the disposal of the excreta of his patients. The legalization of Unchristian unscience, or any form of pseudopathy, will tremendously increase this danger. The legislative non-support of medical science will increase it. Political jobbery in our health boards and in the care of our water supplies will also do the same."—Editorial "American Medicine," May 11.

In "American Medicine," April 13th, the epidemic referred to

in the editorial just quoted is reported to have originated in a poor German's home near a small brook feeding the Woodbridge reservoir." There were three cases of typhoid fever in this house a few months previous to the epidemic, and "the excreta from the patients was buried in a ploughed field about 150 feet from the brook."

Dr. R. J. Wilson, *Medical News*, July 20, after "A study of 1650 Blood Examinations for the Widal Reaction With Special Reference To The So-called Partial Reactions," finds that 33 per cent of the positive reactions occurred in the first week, 84 per cent, before the end of the second week, 16 per cent, in the third week, and 4 per cent, in the fourth week. "So large a percentage occurring so early in the disease as the second week indicates that the blood examination is of material value to the physician. Of all the typhoid bloods where no reaction was obtained, all but 27 per cent, were seen before the tenth day of the disease. If second samples had been seen, he thinks the reaction probably would have been found. Lastly, only 7 per cent, of partial reactions are found in the typhoid infection of hospital cases, though partial reactions occur more frequently in tuberculosis and malaria than typhoid. Thirteen different conditions were represented. The value of the partial reaction is nil, in his opinion, except as a suggestion of a second examination. He sums up the results of his study as follows: 1. That these cases where the Widal reaction has been present are only further evidence of its well-known practical value. 2. That the so-called partial reactions are valueless from the stand-point of the clinician.

Dr. J. H. Thursfield, (*PEDIATRIES* Oct. 15th) gives a study of "The Value of Widal's Serum Reaction in the Diagnosis of Typhoid Fever In Children" as observed in one hundred cases. Of these 42 gave a positive reaction, while the remainder were negative. These latter "including examples of almost every febrile disease to which children are liable." The test was employed about 150 times. Wherever the reaction was doubtful the test was at once repeated, a different cultivation of the bacillus being employed.

Of the 42 cases giving positive reaction several were of types in which the diagnosis would have been doubtful without the authority of the test.

"There was no case which clinically was an example of typhoid fever which failed to give a positive reaction."

The majority of the cases were admitted to the Hospital where the observations were made about the middle of the second week of the disease.

"The reaction has usually been present on admission; in only two cases was the reaction absent on admission; one was on the fourth day. On the fifth day action was prompt and decisive. In the other case, which was undoubtedly one of typhoid, the reaction

was obtained once only in the third week of the illness; negative results were obtained before and after the positive reaction.

Thus to sum up the results of these 42 cases of typhoid fever: all gave the reaction, 40 on admission, and one case alone gave negative results later than the first week of the illness.

"Next turning to the cases that were not typhoid fever: In the majority of instances the test was employed in order to exclude the possibility of overlooking a case of the disease, but in a few instances the diagnosis of typhoid fever was made, to be shaken by the occurrence of a negative result with the serum test and finally disproved by the course of the disease or the opportunity of a post-mortem examination.

"If the smallness of the figures with which I am dealing permits of deductions, I should claim (1) that in children's diseases a positive Widal reaction is trustworthy evidence of the presence of typhoid fever; (2) that a negative reaction later than the tenth day of an illness is strong but not absolutely convincing evidence of the absence of typhoid fever; (3) that repeated negative reactions are trustworthy evidence that the case is not typhoid at all."

Dr. R. I. Cole writing in JOHN HOPKINS HOSPITAL BULLETIN, July, of the "Frequency of Typhoid Bacilli in the Blood" gives his method of making the test as follows:

The site selected is the bend of the elbow. After careful disinfection hot bichloride compresses are applied for an hour. These aid by causing delation of the superficial veins. When ready the bichloride is removed by sponging with sterile water. A few cases in which the skin was incised and the vein dissected and having proved the uselessness of this mode of procedure, simple puncture is now advised. By using a small needle and entering the vein at one thrust the pain is trivial; 8 to 10 cc. of blood are withdrawn and distributed among a number of tubes or flasks filled with bouillon. At first tubes were used - later Erlenmeyer flasks each containing 150 cc. of bouillon.

"One to six flasks were used for each case, so that the dilution of the blood was from 1-75 to 1-150. The flasks were then shaken and placed in the incubator and after twenty-four hours, if cloudy, agar plates are made. Usually the organisms in the bouillon were somewhat clumped, at least slightly motile, and not so suitable for trying the serum reaction.

"The diagnosis of *bacillus typhosus* in each case was decided by motility, staining properties, typical growth on agar, glucose agar, gelatin, litmus milk, bouillon, Dunham's peptone solution (which after one week's growth was used for indol test) and finally agglutination by known typhoid human serum, dilution 1-50, in one hour. Frequently a fairly definite conclusion can be reached in thirty-six hours after obtaining the culture. If the bacilli grow out in the bouillon in twenty-four hours, they can be transferred

at once to the various media, and from the slant agar after 6-8 hours, a suspension in bouillon can be made in which the serum reaction can be tried.

"Cultures were made from 15 cases, in 11 of which the typhoid bacillus was cultivated. From the last 7 cases in which a greater dilution of the blood was made, the bacillus was obtained every time. The cases included both those of moderate severity as well as those of great intensity. Five of the 11 cases in which the results were positive subsequently died, so that apparently cultures were taken from the more severe cases, though this was rather accidental than intentional, as they were chosen at random. Three of the cases in which the organisms were isolated had very light attacks.

"From all the results given it is apparent that typhoid bacilli occur in the blood with much greater frequency and during a much longer time through the course of the disease than was formerly supposed. The conditions which favor their presence, why they are found at times in mild cases and are absent in more severe ones, are questions which must yet be solved. That cultures from the blood in typhoid fever have very definite clinical importance, especially where the Widal reaction is delayed, as is so often the case, is evident. From my experience the use of considerable amounts of blood, diluted very largely in liquid media, and on account of the use of the latter especial care to avoid contaminations, are the points of chief importance."

Dr. J. P. Crozer Griffith (Journal of the American Medical Association, Aug. 17th) writes of The Symptoms of Typhoid Fever In Infancy and Childhood, as follows:

Although typhoid fever is not relatively as common in infancy, or even in childhood, as in adult life it is by no means infrequent.

The onset may be vague and indefinite--ambulatory type--or sudden. The former is the common variety, it being no unusual thing for the physician to be the first to note excessive temperature, the mother having noticed only the headache, loss of appetite and general slight indisposition. In the other variety the child may be taken with vomiting and have a decided fever from the start. In some of these cases the suddenness is only apparent, the early symptoms having been so mild as to be overlooked.

This vagueness is the great stumbling-block in diagnosis, it frequently being the case that only the severe reaction can differentiate.

In children the disease is materially shortened, an average being about seventeen days. Abortive attacks lasting only a week are quite common. The whole course of the disease is milder than in adult life. The mortality is from three to five per cent., probably nearer the former figure, and is even less in children under five years of age.

The typhoid roseola is about as frequent as in adults. Enlargement of the spleen is probably always present, though often not discoverable. Epistaxis is nearly as frequent as in adults. The pulse is often unusually slow. The temperature is subject to great variations, not infrequently rising rapidly, and showing no morning fall during the acme of the disease. Towards the end there is frequently a rapid fall. Diarrhoea is more liable to be absent than present. Abdominal distension is not often a troublesome symptom. Hemorrhage and perforation are rare, especially in early childhood. Nervous symptoms are apt to predominate over the intestinal, though they are less common than in adults. Torpor, coma and coma vigil are rare. Headache is a common symptom. Meningitic symptoms are not infrequent. Aphasia is more common than in adults.

Dr. Erwin Fischer, (Philadelphia Medical Journal, August 3rd.) writing of "Typhoid Fever Occurring In A Tuberculous Patient, And The Influence of Tuberculin on This Condition" gives the following history and comments:

In the sputum of a man of 35 with inherited tuberculous tendencies, bacilli were found in 1897. Koch's new tuberculin was used up to doses of 20 M. G. of the solid substance, in combination with the internal administration of the various derivatives of creosote.

July 4, 1898, Gruber's test positive (Bacteriological Laboratory of Pittsburg). From July 9th to 20th there was almost daily intestinal hemorrhage. There were several critical collapses. Cold sponging was the only hydrotherapeutic measure employed. The condition of the lungs showed improvement during the period of hemorrhages. On Oct. 12th examination showed the condition of the sputum unchanged. Tuberculin was again used and patient made an apparent recovery. "The interesting and important question is: Did the decided improvement from tuberculosis occur in spite of the typhoid fever, or on account of it?" The author is uncertain, but leans to the former belief.

Dr. Russell Bellamy (New York Medical Journal, Sept. 7th) gives "Modern Methods in the Management of Typhoid Fever, in Nursing, Feeding and Bathing, With Special Reference to the Private Patient," a most comprehensive study.

The details of hospital treatment are given at length. He has not had much success with the ice tub, but believes that systematic tubbing on modern lines is the most advantageous. The methods used in the Johns Hopkins Hospital are described and illustrated by plates, as is also the author's bathing apparatus. As regards other methods he mentions the use of saline baths, which he thinks are of practical advantage in many cases, also olive oil injections following these to relieve the irritation caused by the salt. He believes in the use of turpentine if tympanites exists and

sweet spirits of niter and digitalis in small doses, strychnin sulphate, etc. When convalescence occurs he insists on the necessity of care as regards diet, etc.; as much care and consideration should be given the patient as possible during the stage of pyrexia.

Dr. B. M. Taylor (Medical Record, Sept. 28th) divides his patients into two classes: First, those who have been healthy prior to the acute disease; second, those who have had some chronic disease for years.

In the former class the difficulties are necessarily less. "If the patient is nauseated, I withdraw all food until his stomach is in a condition to digest it. Then I feed him three times a day and give just such food as he can digest perfectly. If the patient is not hungry at meal-time, I direct him to wait until he has an appetite. If the stomach is taken care of, this waiting will not occur very often. His food consists of beef tea, beefsteak, scraped to a pulp and heated gently, cracker crumbs rolled fine, eggs, either raw or cooked, and soups in small quantities and highly nutritious form. I never allow the patient to eat anything that he is required to masticate, yet always prepare food so that it needs to be mixed with the saliva. Then his stomach will digest perfectly the food, and the patient will be nourished and the germs starved, while the stomach will get the needed rest. There will be no self-poisoning from decomposed food that passes out of the stomach. Orange or lemon juice will be grateful to the patient and will do no harm."

Of the second class patients who have suffered from dyspepsia give the most anxiety. The digestion must be watched with especial care, and if there is any myasthenia with fermentation, give a small amount of food, easily digested and slow to ferment. The white of an egg given raw with pepsin and hydrochloric acid suits these patients. Do not give milk to patients with gastric catarrh or myasthenia; milk given every three or four hours will kill more patients than the fever. Treat the stomach and feed it as if it was the only trouble the patient had. The motto is: "To remember the stomach first, the colon next."

THERAPEUTICS.

Observations on the Treatment of Croupous Pneumonia.

Dr. James C. Wilson, (Philadelphia Medical Record.)

According to the author the young practitioner should bear in mind that patients are more often damaged than helped by the promiscuous drugging which is still only too prevalent. In the author's practice the diet consists chiefly of milk and light broths. Junket, custard, ice cream, some times raw or stewed fruits, may be given if the patient cares for them. Water is given in abundance not more than two ounces at any one time. The patient is sponged

night and morning. If the temperature exceeds 104 degrees F., cold sponging may be repeated at intervals of two or three hours. Icebags relieve pain and make patient more comfortable. Calomel should be given with a subsequent saline, if necessary. The use of Dover's powder is recommended to produce a slight continuous drowsiness; to diminish suffering; to control cough; to allay excitement and apprehension; expectorants, aconite never, an veratrum viridi rarely, digitalis only in response to particular indications. Strychnine is given as a cardiac stimulant; nitro-glycerine for the relief of the laboring right ventricle. Blisters are not used save in the case of delayed resolution. New York Medical Journal.

Exclusive Soup Diet and Rectal Irrigations in Typhoid Fever.

Seitert (Arch. of Ped.) has obtained the following result by pursuing the above regimen:

1. Delirium, headache, insomnia, nausea, vomiting, and tympanites usually disappeared within forty-eight hours of treatment.
2. Tympanites, nausea, and vomiting never developed in any patient, even when complicating pneumonia was present.
3. The fur on the tongue disappeared within a few days.
4. Appetite came frequently on the fourth day of treatment, even when the thermometer registered 102 to 103 degrees F.
5. Even excessive diarrhoea (fifteen to twenty-five daily stools) disappeared invariably within first week of treatment.
6. In all uncomplicated cases the temperature began to decline within twenty-four to forty-eight hours after the beginning of treatment, and invariably would reach the normal figure within ten to twelve days.
7. in cases complicated by pneumonia, nephritis or phlebitis, when treatment began the temperature usually remained in accord with the inflammatory conditions found until these also disappeared, while the cerebral, gastric, and intestinal disturbances usually subsided as rapidly as in the uncomplicated cases, excepting anorexia.
8. Complications, when not present at the start, were very rare, and then usually developed within the first two days.
9. Intestinal hemorrhage was noticed in three cases, none ending fatally. Perforation did not occur.—THE AMERICAN PRACTITIONER AND NEWS.

Therapeutic Value of the X-Ray in Lupus Vulgaris.

C. A. Greenleaf (BUFFALO MEDICAL JOURNAL) has studied a series of cases and his observations justify him in claiming:

1. That the most satisfactory treatment for lupus vulgaris is the X-ray treatment.

2. That repair begins almost immediately.
3. That the danger attending the treatment is minimum.
4. That the surroundings and general condition of the patient are an important element in the ultimate result.
5. That cases which have not been subjected to surgical treatment react rapidly, and ultimately recover, whereas cases which have received surgical treatment react in a degree of slowness dependent upon the extent of previous surgical interference—MEMPHIS MEDICAL MONTHLY.

The Injection of Carbolic Acid In the Treatment of Hemorrhoids.

Dr. John L. Jelks of Memphis, Tenn., (MEMPHIS MEDICAL MONTHLY for April) reports a case which shows some of the fearful effects of the injection of carbolic acid in the treatment of hemorrhoids. The patient had a small hemorrhoidal tumor injected and a few days thereafter the pain (which had been constant since the injection was made) increased, and a few days later she began to discharge pus from the bowels. This sloughing process continued until the whole perineum entirely sloughed away. The engorged and inflamed bowel protruded in a gangrenous mass the size of a cocoanut. The woman will die of sepsis in spite of all that can be done. He concludes that carbolic acid injections do not cure hemorrhoids, but, on the contrary, are fraught with great danger and should, in the future, be stamped with the disapproval of the entire profession.—AMERICAN JOURNAL OF SURGERY AND GYNECOLOGY.

At the time I requested the sample of Pepto-Mangan (Gude) your preparation was not new to me, since I had often previously used it with success, in anæmia of women and children. When I desired an iron preparation for my family I requested samples and am much pleased to inform you that its taste was much relished. My two children took it so eagerly in milk that they would scarcely take milk which did not contain it. No by-effects of any kind occurred which demanded a discontinuance of the preparation. In brief, it was well tolerated and acted splendidly.

DR. D. HIRSCH.

KRAKAU, GALICIA, August 17, 1901.

I take this opportunity to inform you that I have employed Pepto-Mangan (Gude) with brilliant results in the case of a woman 32 years old, who had been much exhausted by excessive menstrual hemorrhages for a number of years:

DR. KUX,
City Physician.

LITTAU, August, 20th, 1901.

EDITORIAL.

EDITORS AND PROPRIETORS:

J. H. HARALSON, M. D. - - - - W. B. PIERCE, M. D.
J. P. MONTGOMERY, MANAGER.
VICKSBURG, - - - MISSISSIPPI.

SUBSCRIPTION: ONE DOLLAR PER YEAR.

Entered at the Postoffice at Vicksburg, Miss., as Second-class Matter.

Acting upon the request of one of our subscribers, we have chosen Typhoid Fever as the subject for our abstract column this month. We are much gratified that our request for suggestions as to subjects for this column has received so prompt a reply, and trust that others of our subscribers will favor us in a like manner. The "Mississippi Medical Record" wishes to consider first of all the needs of the Mississippi Physicians, and if they will tell us what they want we will endeavor to see that they get it.

THAT CRITICISM.

We had thought that we would make no comments on Dr. Purnell's reply to the criticism of his paper (*The Mosquito an Insignificant Factor in the Propagation of Yellow Fever*) by Dr. Bispham, now of Cuba. So long as the publication of this paper was confined to medical journals no harm would likely follow, but since it has found its way ~~BODILY~~ into a daily newspaper of this city, we think a few remarks touching some points to which he attaches so much importance would not be amiss.

We desire it distinctly understood that we have no disposition whatever to criticise the flaming headlines, "DR PURNELL ON YELLOW FEVER," nor would we raise the question of ETHICS involved in its publication in this paper from a reprint furnished by the author, but since the most important points of the subject matter in newspaper articles are emphasized by the headlines, the idea being, the bolder the type the more important the point, we are bound to conclude that "Dr. Purnell on Yellow Fever" is the most important point in this paper, from the standpoint of the Evening Post, at least.

Primary infection (this is the way the author expresses it) he says, is not alluded to by Dr. Bispham in his criticism. Certainly not. We imagine Dr. Bispham did not consider it of sufficient importance. Why not ask how the first gonococcus found its way in man? It does not belong "physiologically to the human economy" any more than the pathogenic germ, if it be a germ, of yellow fever does. Neither does any organism which produces pathological results in man, yet certain phenomena are recognized in these

organisms, while we are ignorant of what the author is pleased to term primary infection. Really, this point, to which Dr. Purnell attaches so much importance, is not germane to the question at issue. It affects the fomites theory precisely as it does the mosquito theory. It has long been conceded by every man who makes pretense to any personal knowledge whatever of yellow fever that it is in no sense a contagious disease; that PLACE must be infected by man, and man in turn infected by PLACE. Then where does the man first infected get it? Not from man because this is the first case and besides the disease is not contagious. Not from PLACE nor FOMITES, because it requires infected man to first infect these.

The Plymouth had four cases of yellow fever on board while in the harbor of Santa Cruz about Nov. 7, 1878, and three mild cases some time afterward while enroute to Norfolk. She was afterward sent to Portsmouth, N. H., and then to Boston. Remember, Boston is pretty far north itself, although this vessel had been as far north as Portsmouth and then back to Boston, so we imagine by the time she reached Boston it was winter. While in the Boston harbor the vessel was frozen out and treated thoroughly for two days with sulphur fumigation, and afterward whitewashed. Now according to fomites advocates this vessel ought to have been safe. Mosquitos can live in ice, but we have been taught that the pathogenic ELEMENT (whatever it is) of yellow fever can not. On March 15, 1879, about one hundred and twenty days after this vessel had her last case of yellow fever on board, she left Boston going south. On the 23rd two men on board developed yellow fever. This was eight days south from Boston in the middle of the month of March. Allowing three days for the period of incubation, these men contracted the disease five days' sail south from Boston in March. We are asked to accept as a fact that these persons on board this vessel contracted the fever from fomites and that, too, after they had lain in the Boston harbor, exposed to a temperature below zero almost the entire winter. This is all right for the Plymouth, but let's transfer the scene of action to Cuba where it rarely frosts and where, in the past, it is known, to no one better than to Dr. Purnell, that yellow fever has prevailed in December, January and February, and he tells us the season in which Reed makes his experiments being November and December is not propitious for the development of the fever, even though contaminated clothing and bedding had been packed in boxes for days and opened in a close room, kept at a temperature of eighty degrees and higher for weeks with sufficient humidity of the atmosphere to comply with their theory, and non-immunes sleeping in this room on this contaminated bedding and in these contaminated clothes. In the one case, on a vessel that has been fumigated and frozen out all winter in the month of March five days' sail south from Boston the season is propitious and yellow fever develops. In the other seven non-

immunes in the climate of Havana, Cuba, in the months of November and December, in a room kept at a temperature of eighty degrees or higher, each exposed for twenty consecutive days in this room to these contaminated clothing and bedding, the season is not propitious and hence not one develops the fever. We are asked in all earnestness to accept this logic, so-called.

Referring to the fact that "many of the data are complained of as being incomplete" the Doctor says that this is true and from the nature of things could not be otherwise. Now if this is true, notwithstanding "physicians were devoting their energies to the relief of the conditions rather than to the discovery of the cause" it does not help his case. If the data he presents are incomplete, and he asserts this, it matters not what may be the cause of this incompleteness, it is wholly worthless as evidence in support of a scientific proposition, and would not be admitted as such by any scientific association in the civilized world. If such evidence had been presented by Reed and his co-workers it would not have been given a moment's consideration by scientific men anywhere - he would have been laughed out of court. It may do very well to catch the general reader and according to their way of thinking "make him a formidable antagonist in any discussion," but beyond this it is valueless.

Dr. Purnell is particularly caustic in his criticism of the following remarks made by Dr. Bispham: "On this reservation I have also observed some mosquitoes living sixty days after all breeding places had been destroyed. This last was particularly suggestive as the insects were living in the open where they could be preyed upon by their numerous enemies." The Doctor thinks "this statement concerning the longevity of the insect in the open is interesting and instructive, not only in that knowledge is acquired concerning the mosquito's life cycle but in illustrating how delicately discriminating an investigator's acumen may be perfected. The recognition of individual 'stegomyia' as they fly about the reservation, unmolested, save by their natural enemies, for a period of two months, is indicative of powers of discernment most wonderfully developed." We confess that it is very difficult according to Dr. Bispham's proposition to demonstrate the age of a mosquito but for the edification of those who think that Dr. Purnell "undoubtedly has much the best of the argument," we will tell how Dr. Bispham's "powers of discernment" became so wonderfully developed. It is simply a mathematical proposition. Knowing the date of the destruction of the last breeding place of the mosquitoes on the reservation he subtracts this date from the date he observes the mosquito and it gives a figure that will represent a time after which the mosquito could not have been born. It is true that this illustrates "how delicately discriminating an investigator's acumen may be perfected," but after once mastered it is simple enough.

Dr. Purnell says "the two occurrences of recrudescence of

yellow fever related in my paper took place in the summer and fall - in Memphis, July 9th 1879 and in Edwards September 1st. 1897." He thinks that if yellow fever is dependent upon the mosquito bite the recrudescence should occur two weeks after the advent of the Mosquito, and if upon fomites, cases would not occur until warm weather is thoroughly established. Now let's take Dr. Purnell's instances of recrudescence. It has been denied most emphatically that the Memphis epidemic was a recrudescence. This fact shows that the proof of the origin of the fever is not satisfactory, and since there is doubt, it is not worth considering as a scientific proposition. The yellow fever at Edwards in 1897 could not have been a recrudescence because there was not only no fever in Edwards in 1896, but actually none in Mississippi.

Now Dr. Purnell in his letter published in the Evening Post says: In the consideration of the instances of recrudescence, the most typical illustration is not alluded to - that of the recrudescence of yellow fever on board the U. S. S. S. "Plymouth" in 1879. Now in what particular is this the most typical instance of recrudescence? He says that if the infection is carried over by fomites it ought not to occur until warm weather, whereas if carried over by mosquitoes it ought to appear two weeks after their advent. It can not then be typical in the fact that the fever did not appear until warm weather was well established because as a matter of fact the cases occurred about the middle of March, five days sail south from Boston. It must then have been typical in the fact that the fever occurred shortly after we would ordinarily expect the mosquito to return from its place of hibernation.

We have neither the space nor the inclination to pursue this criticism further. Other points mentioned in his paper, and in his reply to Dr. Bispham's criticisms, are about on a parallel with those mentioned above. We only desire to enter a protest against the introduction in this discussion of matter that would not be admitted any where as evidence in support of a scientific proposition. Much is yet to be learned, no doubt, about the conveyance of yellow fever but this information must be garnered from other fields than the Post if we are to accept Dr. Purnell's statement concerning the incompleteness of data so obtained.

One of the most attractive exhibits at the meeting of the Tri-State Medical Association in Memphis on November 19th, 20th, and 21st, was that made by the old and enterprising firm of E. J. Hart & Co., Ltd., of New Orleans. This exhibit was in charge of Dr. J. C. Perine, who is well known to many of our profession in this State as well as his own (Louisiana).

The Pepto-Mangan (Quife), has afforded me excellent and prompt results. DR. BISPHAM.

BULLETIN, Switzerland, July 2^o, 1901.

Mississippi Medical Record.
MEDICAL NEWS AND MISCELLANY.

W. M. Yandell
vs.
Madison County.

STATEMENT OF CASE.

"Dr. C. S. Priestley, the regularly appointed County health officer of Madison County and whose term expired by limitation on May 1st. 1901, was elected to the office of Chancery Clerk of Madison County, to fill the unexpired term of G. R. Kemp, resigned term to begin Oct. 15th. 1900. Dr. Priestley resigned County Health officer resignation to take effect Oct. 15th. when his term as Clerk—commenced.

On July 5th 1900, the Board of Supervisors, fixed Dr. Priestley's salary for the year 1900 in the following language "Ordered that the salary of Dr. C. S. Priestley; county health officer be fixed for the year 1900 at \$500.00 commencing May 1st. 1900." When Dr. Priestley resigned the Board and other of their political friends, wanted to control the appointment of health officer, but failing in this, they flatly refused to pay Dr. Yandell any salary for the time he acted as County Health Officer from Oct. 15th. to Jan. 1st. 1901, though they paid Dr. Priestley his part. Yandell

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is undoubtedly that which is the least harmful to the man in the dose required for ascpis." —M. Dujardin Beaumetz.

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a safe, trustworthy, non-tonic antiseptic, answering every requirement of the physician and surgeon. In special practice, notably Laryngology and Rhinology, Listerine occupies an unrivaled position by reason of its excellence and wide range of utility.

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ccin, 1-10 grain Solanin,
1-3 grain. Soda Salicylate,
10 grains Iodic Acid, equal
to 7-32 grains Iodine Aro-
matic Cordial. Dose 1 to 2
drams in water. 8-oz bot-
tle, \$1.00.

A powerful alterative and resolvent, glandular and hepatic stimulant, and succeed in um to th iodides, indica ed in all conditions de-
pendent upon diverted tissue met b l sm; in lymphatic & gorgements
and functional viscerl disturbances; in lingering rheumatic pains
wh ch a e "worse at night." Bon: periosteal and visceral symptoms of
astyph lis; or the removal of all n flamit rv. plas ic and gouty de-
posits. A remedy in sciatica, mazi , neuralgias, lumbago and muscular pain; the gouty and rheumatic diathesis; acute and chronic rheumatism and gout; chronic eczema and psoriasis, and all dermic disorders
in which th re is underl g blood t in.

An hepatic stimulant increasing the quantity and fluidity of the bile. Relieves hepatic and intestinal torpor; does not cause the unpleasant gastric symptoms of potassium iodide.

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Each drachm contains
Proto-Chlor. Iron 1-8 gr;
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gr.; Chloride Arsenic, 1-280
gr.; Calisaya Cordial. Dose
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An oxygen-carrying ferruginous preparation, suitab'le for pro-
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and bodily weak-ss, convalescence from acute dis ases and surgical
operations; boys and girls at the a e of puberty, and the climacteric
period in women. In children wi "cho ea, rickets, r who ar back-
ward in developm nt, or in whom th re exists an aversion to meats
and fat. Prolonged administration never causes "ir n headache."

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Two grains to drachm.
Dose 1 to 2 drachms. 8-oz
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A genito urinary sedative, an active niuretic; solvent and flush indicated for the relief and prvention of real colic; a sedative in the acute stages of gonorrhœa, cystitis and epididymitis; in dropsical effusions due to feeble heart or to renal diseases. As a solvent in the varied manifestations of gout, gout ness and urolic lithemia, pericardial anuric headache, epigastric oppression, cardiac palpitation, irregular, weak or intermittent pulse; irritability, moodiness. Insomnia and other nervous symptoms, turgic acidemia. Decidedly better, more economical, extensive in action and definitive in results than mineral water.

Those cases of irritable heart, irregular or intermittent pulse so frequently met with by insurance examiners and found to be due to excess of uric acid, are special indication for Maizo-Lithium.

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appealed from this order of the Board to the Circuit Court, and at the time was advised that all the Board wanted was to submit the case to the Circuit Judge, for his opinion, as to how much of the \$500.00 should be paid to each of the above named Doctors.

No bill of exceptions, embodying the evidence and decision of the Board was drawn and signed by the president of the Board, as required, the appellant (Dr. Yandell) relying on the statement that the matter was to be submitted to the court on its merits, and when he tendered a bill embodying the facts, the Board refused to sign same, and moved to dismiss and affirm the Board's order, which was done, and Yandell appealed claiming that the Circuit Court had no jurisdiction save to dismiss without prejudice, and leave him to proceed at law on the merits. The Supreme Court took this view, as we (Yandell) held.

The Case will now be tried on its merits.

The Board of Supervisors, have never given any reason for not paying Dr. Yandell, they have never offered any defense or claimed to have any, but simply refuse to pay him anything, unless he will agree to work during the rest of his term for \$100.00 per year."

The above is furnished us as a correct statement of this important case. The physicians of this State should stand together on such questions and if the Boards of Supervisors have the right under the law to fix the salary of a County health officer so low that

he can not serve, then the law ought to be amended. The salary of the County health officer should be fixed by the Legislature anyway, and it should be the same as the County superintendent of education.

A Remedy Proposed for the Evil of Substitution.

By J. D. WILLIAMS, M. D., New York.

There can be no subject of more importance to physicians than the violation of their confidence on the part of a dishonest dispensing druggist. Law will not make a dishonest man honest, but the right law properly executed will prevent a criminal's further infliction of injury upon society. The requirement of a license to all druggists who dispense drugs or medicines, revokable upon the licensee's being convicted of substituting any ingredient drug or medicine other than, and in lieu or instead of, that specified in the prescription, order or request in writing, of any physician, would go a long way to aid in the matter of honestly filling prescriptions. Let the medical societies induce their respective State Legislatures to enact a law requiring such a license, with a simple and practical procedure for establishing the guilt and enforcing the penalty against infraction, and the practice of substitution would soon cease.

Let proceedings for revocation of license be before the court, board, or officer, empowered to issue the license, and be set in motion at the relation of either the Board of Health, a local medical society, or the purchaser upon whom the the fraud and imposition had been done, or of the physician by whom the prescription or order was issued or given, or of any person, firm or corporation for whose brand or make of drug or medicine the substitution had been perpetrated. Let the licensing board, court, or officer be empowered to issue citations, subpenas for witnesses, to administer oaths, and given all other requisite powers for duly trying the issues and revoking the license of the guilty.—Exchange.

WORTHY AND SEASONABLE.

When the temperature of the body is above normal, conditions are especially favorable for germ development. It is a matter of every day observation that a simple laxative is often sufficient to relieve the most threatening situation and prevent the most serious complications. To reduce fever, quiet pain, and at the same time administer a gentle laxative and strong tonic is to accomplish a great deal with a single tablet. We prefer to Laxative Antikamnia Quinine Tablets. Among the many diseases and affections which call for just such a combination, we might mention la grippe, influenza, coryza, colds, chills and fever, dengue and malaria, with their

general discomfort and great debility. We would also especially call attention to the wide use of Antikamnia and Codeine Tablets in chronic or semi-chronic pulmonary diseases. The following concise statement from Dr. W. B. Morford, No. 1521 Tasker Street, Philadelphia, is worthy of note. He says: "I find antikamnia in combination with codeine, to be almost a specific in the coughs of phthisis. In a recent case of 'old-fashioned' or catarrhal consumption I obtained most satisfactory relief for the patient, from a most distressing cough, with Antikamnia and Codeine Tablets."

The Treatment of Syphilis, with Special Reference to the Best Methods of Administering Mercury.*

BY WINFIELD AYRES, M.D.,

Genito-Urinary Surgeon, Bellevue Hospital, O. D. P., New York; Instructor in Genito-Urinary Diseases in New York University and Bellevue Hospital Medical College; Instructor in Genito-Urinary Diseases in the New York Post-Graduate Hospital, etc.

The author calls to mind the facts that mercury has been used in the treatment of syphilis for over 400 years, and there are few physicians, to-day who do not use it in some form. Although the method of treatment with mercury is still discussed, he is firmly of the opinion that there is no hope of eradicating the disease unless the full dose is given constantly for something like three years. The treatment should begin just as soon as the diagnosis can be made. There is no ground for supposing that enucleation of the chancre has the effect of aborting the disease. If a positive diagnosis cannot be made from the appearance of the initial lesion, general tonic treatment should be instituted.

In some cases the protodeide controls the symptoms, but in the majority it is of very little use. Experiments with Mercurol were conducted at Bellevue Hospital, for eight and a half months, with 180 cases, the histories of 95 of these are recorded. The remainder could not be kept under observation and are therefore passed over. The dosage of Mercurol, regulated either by reaching the point of tolerance or control of the disease, varied from one half to six grains. In 64 of the 95 cases the disease was controlled as follows: in two weeks, 8; three weeks, 12; four weeks, 14; five weeks, 6; six weeks, 5; seven weeks, 2; two months, 8; ten weeks, 2; three months, 5; and four months, 1. The remainder are marked thus: decidedly improved, 17; improved, 8; no improvement in two weeks, 3; no improvement in four weeks, 1; and no improvement in three months, 2. The latter were all dispensary patients and it is uncertain whether they took their medicine regularly.

The writer states that his plan was to increase the dose steadily from one grain until the symptoms were controlled, or until

there was a slight tendency on the part of the teeth and gums to become tender. If the symptoms were not controlled before the physiological effect of the Mercurol made itself felt, small doses of potassium iodide were added, and in every case where the Mercurol was taken according to the directions, with the exceptions noted above, the symptoms were controlled.

In 67 out of the 95 cases tabulated, no other medicine than Mercurol was given. In 15 out of the remaining 28, the addition of iodide of potassium was found to be sufficient to control the disease while in 6 others the addition of an iron tonic sufficed for this purpose.

The cases are not reported at length, but a few of the more remarkable results and some cases in which other medicines failed to control the disease are briefly mentioned.

Case 1 had been taking bichloride for one month with very little improvement. Under Mercurol, three grains maximum dosage the symptoms were under control in five weeks.

Case 2 had been under biniodide of mercury (one-sixteenth of a grain) and potassium iodide (five grains), which caused iodism. His symptoms were controlled in one month under half a grain of Mercurol.

In case 3 unguentum hydrargyri had failed to control the disease. The patient was put on Mercurol and the dosage pushed up

ANTISEPTIC SAVING *

ECONOMY belongs to every doctor's armamentarium. Antiseptics are a part of the physical economy. Sixteen ounces of fluid containing about 9 grains of inexpensive solids cost one dollar. Eight ounces of Tyree's Antiseptic Powder make eight gallons of standard Antiseptic Solution and cost \$1. One is water; the other is plain stock; one costs \$1. the other 80c. Ninety grains in one; eight ounces in the other. In one you pay more for water and fillings than for solids; in the other way you pay nothing but the solids; in the water yourself. Eight glasses of one for 80c.; one pint of the other for a dollar. What a saving! Do you wonder at the number of prominent physicians and hospitals using Tyree's Powder? It is the most economical means at hand of getting the full therapeutic value out of the best known agents in leucorrhea and gonorrhœa. It is also the safest and surest means, whether of a simple catarrhal non-infectious or of gonorrhœal, syphilitic infectious nature. One teaspoonful in a pint of water makes a guaranteed bactericidal solution. It is antiseptic but not irritant. It is scrupulously made, and its well balanced chemical adjustment has established its ethical popularity.

Sod. bor., alum, ac., carbol, glycerin, the crystall principles of thyme, eucalyptus, gaultheria and mentha.
Soc. will deliver to you elsewhere. If the results are not satisfactory, I will cheerfully refund the purchase price.

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Columbia Maternity Hospital.

WASHINGTON, D. C.

J. WESLEY ROVEE, M. D., Gynecologist to Columbia and Providence Hospitals, and Clinical Professor of Gynecology in Columbia University, Washington, D. C., says: "The sample of Tyree's Antiseptic Powder sent to Columbia Hospital for Women for my use, has given most excellent satisfaction. In Vaginitis and relaxed vaginal walls as well as some forms of inflammation of the neck of the uterus, I have found it unusually beneficial."

Old Marion St. Maternity Hospital

NEW YORK

The results obtained from your Antiseptic Powder were satisfactory being used in cases of leucorrhœa and luecorrhœa, and results obtained were most pleasing, relieving the symptoms in both cases. With best wishes,

Very truly,
W. BALDWIN WAYT, M. D.,
Med. Supt.

Western State Hospital of Va.

I have used Tyree's Antiseptic Powder in leucorrhœa and vaginitis, and it gives me much pleasure to recommend its use in the various forms of leucorrhœa and gonorrhœa.

G. H. WALKER, M. D.,
Asst. Physician Female Dept.

to six grains three times a day. The disease was thoroughly under control in seven weeks.

Case 4 had been on three-eighth of a grain of biniodide of mercury and twenty grains of potassium iodide for two months. The medicine caused nausea and vomiting. Having been put on Mercurol and the dosage gradually increased to five grains three times a day, the symptoms were controlled in three weeks.

Case 5 had been taking hydragyrum bichloride (one-twelfth of a grain) three times a day, under which an eruption on his face had faded, but the eruption on his body still persisted. His symptoms disappeared in two weeks under a maximum dose of three grains of Mercurol three times a day.

Case 6 had been on bichloride of mercury (three-sixteenths of a grain for three months, in spite of which he had palmar syphilide of an eczematous variety. All appearances of the disease disappeared after he had been one month on Mercurol, his maximum dose being three grains three times a day.

Case 7 had been taking one-quarter of a grain of Mercurol and fifteen grains of potassium iodide, with the result that the eruption had decidedly improved; though not to the extent that it should have done. There were thickened red patches on the face, covered with scaly eruptions. The symptoms almost entirely disappeared within three weeks under a maximum dosage of five grains of Mercurol three times a day and fifteen grains of potassium iodide.

Case 8 had been treated with inunctions of mercury, under which the eruptions disappeared, but the pains in the bones still persisted. He was relieved in three weeks under a maximum dosage of four grains of Mercurol three times a day.

Case 9 had been taking other forms of mercury for six months. The form which had done him the most good was bichlortde. Yet one-fifth of a grain did not entirely control the disease. He had been taking that for two months when he was placed on Mercurol. The dosage in his case was pushed up to six grains three times a day, and at the end of seven weeks all his symptoms had disappeared.

Case 10 had been taking medicine off and on for two years, but his symptoms never disappeared entirely. After being two weeks on Mercurol (two grains three times a day) with the addition of potassium iodide, all symptoms had disappeared.

Ayres, in conclusion, states that he uses Mercurol in his private practice to the exclusion of all other drugs. His experience is that he gets better results. He has found no form in which mercury can be given with such good results as in that of Mercurol.

Dr. Bohn died recently at his home in Biloxi, Miss. Dr. Bohn had been in bad health for several years and in 1897 it was thought by his friends that he could live but a short while. He was a talented physician and we are informed was building up quite a nice practice in Biloxi.

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⁂ A SYSTEM OF ⁂ PHYSIOLOGIC THERAPEUTICS

A Practical Exposition of the Methods, other than Drug-Giving, useful in the treatment of the Sick and in the Prevention of Disease.

BY AMERICAN, ENGLISH, FRENCH AND GERMAN AUTHORS
AND
EDITED BY
SOLOMON SOLIS COHEN, A.M., M.D.

Professor of Medicine and Therapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine at Jefferson Medical College; formerly Lecturer on Therapeutics at Dartmouth Medical College; Physician to the Philadelphia and Rush Hospital, etc.

Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians; former President of the Philadelphia Medical Society, etc.

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1012 Walnut Street, Philadelphia.

D. S. Maddox, M. D., United States Examining Surgeon Coroner Marion Co., Ohio, says: (Med. Brief) * * * For the control of pain opium is and always has been the sheet anchor. But opium, pure and simple has many disadvantages which render its use in some cases positively harmful. Opium is one of the most complex substances in organic chemistry, containing, according to Brunton, eighteen alkaloids, and an organic acid. The ordinary alkaloids, of which morphia is the chief, have the same objections as the crude drug. They constipate the bowels, derange the stomach, and worst of all, induce a habit which utterly destroys the moral and physical nature of the individual. While looking about me for some agent which would produce satisfactory anodyne and hypnotic results, without the deleterious and pernicious after-effects of opium and its ordinary derivatives, I came upon the preparation known as papine. After a somewhat extended trial of this remedy I am convinced that it is the ideal anodyne. Although derived from the Papaver Somniferum it is singularly free from the objections of the ordinary opiates. It does not constipate; it does not derange the stomach; it does not cause headache; it does not induce any drug habit; it is safe and may be given to children as well as adults.

BOOK REVIEWS.

A TREATISE ON THE ACUTE, INFECTIOUS EXANTHEMATA including Variola, Rubeola, Scarletina, Rubella, Varicella, and Vaccinia, with especial reference to Diagnosis and Treatment. By WILLIAM THOMAS CORLETT, M. D., L. R. C. P. Lond; Professor of Dermatology and Syphilology in Western Reserve University; Physician for Diseases of the Skin to Lakeside Hospital; Consulting Dermatologist to Charity Hospital, St. Alexis Hospital, and the City Hospital, Cleveland; Member of the American Dermatological Association and the Dermatological Society of Great Britain and Ireland. Illustrated by 12 colored plates, 28 half-tone plates from life and 2 engravings. Pages vii-392. Size 6 $\frac{1}{4}$ by 9 $\frac{1}{4}$ inches. SOLD ONLY BY SUBSCRIPTION. Price, extra cloth, \$4.00 net. Delivered. Philadelphia; F. A. Davis Co., Publishers, 1914-16 Cherry St.

In this book Prof. Corlett has given the profession a most valuable work. We have all felt the need of just such a book. The clinical study and bedside demonstration of the group of diseases discussed is necessarily met by many obstacles on account of their communicable nature. We find in this book, as a rule, the most accurate photographic reproductions of the diseases treated of. We think this especially applies to variola. One chapter is devoted to the early history of exanthemata and may be profitably read and studied. The book is written in excellent style and is well printed on good paper.

TRANSACTIONS OF THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION. Complete account of Ninth Annual Meeting held at Washington, D. C., September 19, 20 and 21, 1899; also Tenth Annual Meet-

HERE IT IS IN A NUTSHELL

A **Stimulant** excites vital action, a **Tonic** supports vital action, but a **Food** repairs the waste caused by vital action.

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THE CHARLES N. CRITTENTON COMPANY
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ing held at New York City, September 25, 26 and 27, 1900. Illustrated. Pages xv-391. Size 9 $\frac{1}{4}$ by 6 $\frac{1}{4}$ inches. Price, Extra Cloth, \$2.00 net, Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

This book contains the transactions of an association that has for its object the study of electro-therapeutics. These transactions embrace many articles and discussions of special interest to the student and practitioner. Dr. Ernest Wende, of Buffalo, N. Y., is the President and Dr. Geo. E. Bill, 17 S. Third St., Secretary.

The Physicians Visiting List (Lindsay & Blakiston's) for 1902, Fifty first year of its Publication. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut st. Sold by all Booksellers and Druggists.

To the busy practitioner this is a very valuable little book. For fifty one years this publishing house has been getting out this "Visiting List" which is enough of itself to prove its merits. The publishers take great pride in its stability, and they appreciate the encouragement that has been given them by the profession for whom it is intended. Their regular edition is for from twenty-five to one hundred patients per day or week, varying in price from one dollar to two dollars and twenty five cents each. The perpetual edition is the same as the regular edition but without dates, and with special memorandum pages. It can be commenced at any

time and used until full. In the monthly edition the name of the patient need be written but once during the month, the whole months account being kept in one place and can be commenced at any time. When completeness and simplicity of arrangement is desired this book certainly meets the requirements.

AN INTERNATIONAL SYSTEM OF ELECTRO-THERAPEUTICS for Students, General Practitioners, and Specialists. By Numerous Associated Authors. Edited by HORATIO R. BIGELOW, M. D., Permanent Member of the American Medical Association; Fellow of the British Gynæcological Society and of the American Electro-Therapeutic Association; Member of the Philadelphia Obstetrical Society, of the Societe Francaise d'Electro-Therapie, and of the Anthropological and Biological Societies of Washington, D. C.; Author of "Gynæcological Electro-Therapeutics," and "Familiar Talks on Electricity and Batteries." Second edition. Revised and brought up to date, with several New Departments Embodying the Most Recent Developments of the Science. Edited by G. EERTON MASSEY, M. D., Ex-President and Fellow of the American Electro-Therapeutic Association; Member of the American Medical Association; Author of "Conservative Gynecology and Electro-Therapeutics," etc. Thoroughly illustrated. Royal Octavo. Pages x-1147. Prices net, Delivered, Extra Cloth, \$6.00; Sheep, \$7.00; Half-russia, \$7.50. PHILADELPHIA: F. A. DAVIS COMPANY, PUBLISHERS, 1914-16 CHERRY STREET.

Only five or six years ago the first edition of this work appeared. In response to the demands of the profession, the first edition having been exhausted, the second edition is now presented to the profession.

Many changes and additions have been made in this edition. Some of the articles have been re-written, so great has been the progress in this branch of Medical science. Some entirely new articles appear in this edition. These relate to the Treatment of Aneurism by Coiled Wire and the Galvanic Current, to Roentgen Rays, and to the Cataphoric Treatment of Cancer. It is divided into seven sections, each section containing articles contributed by men eminent in the Medical profession. Section "A" is a historical sketch of the use electricity and is written by Dr. J. MountBleyer, of New York. This section is a valuable resume of research and investigation in electrical energy as we now understand it.

Section "B" relates to electro-physics and electro-physiology, contains seven articles by as many authors. Dr. William Duff, of Indiana, writes on Electro-physics, Dr. Wesley Mills, of Montreal, interestingly entertains us on the subject of "Animal Electricity," Electro-Physiology is treated of by Dr. A. P. Brubaker, of Philadelphia, Faradic and Induced Current; Electro-Magnetism; Electro-Massage and Instruments by Dr. Geo. J. Engleman of Boston, Static Electricity and Magnetism by Dr. Henry McClure of England, Roentgen Rays by Dr. Max J. Stern of Philadelphia, Electro Diagnosis by Dr. Robinson of Albany and Cataphoresis, Anodal

Diffusion, Electrical Osmosis or Voltaic Narcotism by Dr. Frederick Peterson of New York. The editor in his preface very frankly states that in the pages of this book the broad outlook of many minds is evident, and, though he is aware that this democracy of science is at times lacking in that continuous impression upon the mind of the beginner made by the work of one writer, it is in this way alone that the general practitioner of electro-therapeutics can be adequately informed, and the true STATUS of each special department efficiently portrayed. All must needs be more or less general workers in the field; but from those nearest akin to special workers will come the greater number of additions to this department of human knowledge.

Section "C" is devoted to Gynecology and Obstetrics and contains ten articles by well known writers and teachers. Section "D" treats of the Diseases of the Nervous System, Section "E" Disorders of the Abdominal and Thoracic Viscera, Section "F" Diseases of Childhood and Section "G" Electro-Surgery.

The character and scope of this work are such as to command the respect and elicit the interest of the medical profession. It is handsomely and clearly printed, well illustrated with engravings, drawings and plates. At the close of the volume there is a full reference index.

LIBERTINISM AND MARRIAGE. By DR. LOUIS JULIEN (Paris). Surgeon of Saint Lazare Prison; Laureate of the Institute of the Academy of Medicine, and of the Faculty of Medicine of Paris. Translated by R. B. DOUGLAS. Size of page 5½ by 7½ inches. Pages v-169. Extra Cloth, \$1.00 net Delivered. Philadelphia: F. A. DAVIS COMPANY, PUBLISHERS, 1914-16 CHERRY STREET.

Not long since a gentleman said to me, apropos of a well known novel, "There is so much unavoidable vice and d'ret in the world that I prefer in my reading, where I can choose, to avoid it." Dr. Julien has not avoided this criticism. His book does not even have the merit of presenting any new psychological data. It would appear that there has been a typographical error in the title, which should be "Libertinism, Gonorrhœa, Marriage" - the three being interchangeable to meet the needs of the individual case.

It is one more of the already ample number of books that paints pictures of unchastity and its sequelæ without offering any solution of a problem that is daily increasing in gravity.

I have always been well satisfied with the results from the use of your Pepto-Mangan (Gude), and continue to prescribe it in appropriate cases.

PROFESSOR NEISER,

BRESLAU, July 31, 1901.

Privy Councillor.

INDEX VOL. IV.

Abdominal Section—Some Points in the Management of Difficult Cases 369
Acne Due to General Waste 299
Acute Peritonitis, Anodyne Treatment of 297
Advenal 378
A Fever, Not Typhoid 402
A Living Child Delivered by Forceps from Dead Mother 298
American Association of Obstetricians and Gynecologists 353
Anesthesia by Subdural Injection of Cocaine 437
A North American Medical Association 396
Anus, Imperforate 260
Apomorphia—Its Hypnotic Action 372
Astringent Medication in Intestinal Affections 296
Be Ready 331
Blood Treatment of Relapsing Fever 451
Bubonic Plague in San Francisco 443
Brain, Bullet Wound of 258
Cause and Cure of Convulsions After Labor 256
Chancres, Primary Syphilitic 295
Children, a Remedy for the Care During Summer 292
Chronic Hypertrophy of Faucial Tonsils—Treatment 247
Commercialism in Medicine 379
Could not Recover 345
Correlation Between Sexual Function and Insanity 436
Criminal Abortion, Facts Regarding 391
Croupous Enteritis 407
Diabetes Melitus, The Relation of to Epilepsy 300
Diphtheria Antitoxin 346
Diphtheria, Diagnosis and Treatment of 336
Dispensary work with Children, some Defects 262
Empyema in Children 437
Entero-Colitis 250
Eye, Enucleation of 277
Fee of Specialist—Shall it be Divided with General Practitioner 231
Female Neurosis 410
Fever,—Its Phenomena and Treatment 355
Fevers in Children 253
Fistula in Ano 375
Food Theory of Medicine 338
Fracture of the Patella 426
Healthfulness of Delta and Hills of Mississippi 279
Hypnotism,—Its use and General Practice. 315
Magnetic Healers 347
Malaria 441
Malaria and Mosquito 291
Malaria,—Italian Society for Study of 264
Medical Potpourri 420
Mercural,—Some Notes on the Use of 408
Mortuary Statistics Bolivar County 404

New Local Anesthetic for the Ear 376
Notes on the Mosquitos of the United States
Ohio Medical Law 305
Osteo-Myelitis, Acute Suppurative 325
Our Duty as Public Educators 365
Physicians Must Pay Taxes 352
Physician vs. Medicine Proprietors and Patentees 282
Pregnancy, the Effect of Malaria on 334
Pregnancy with Intact Hymen 338
Prize 377
Prolapsus ani, Internal Hemorrhoids and Rectal Ulcers 373
Prurities Vulvae 299
Pseudo-Membranous Croup 241
Puerperal Eclampsia without Albumenuria 368
Quarantine and Commerce 344
Quinine, its Action and Value 381
Report Surgeon H. R. Carter, Remarks on 348
Sanitation vs. Quarantine 301
Serum and Animal Extracts,—The use of as Medical Agents 428
Severe Laceration During Coitus 367
Spiritual Medicine 448
Sponges, A New and Simple Method of Sterilizing 333
State Board of Health Meeting 414
Subarachnoid Injections etc. 430
Surgical Anatomy, Deaver 415
Tanningen Experience with 338
The Cocaine Habit 306
The Criminal Abortionist 307
The Criminal Abortionist and Fakir 339
The Effects of Cocaine 372
The Etiology of Yellow Fever 442
The Evidence of Prostatic Atrophy After Castration 376
The Management of Normal Labor 434
The Mosquito and Malaria 343
The New Orleans City Board of Health 270
The New Orleans Polyclinic 349
The Treatment of Headaches in the Phthisical 408
The Treatment of the Morphine Habit 374
The Use and Abuse of Saline Injections 406
Tobacco,—Its Use and Abuse 359
Transactions of the Louisiana State Medical Society—for 1900 416
Transactions of the Southern Surgical and Gynecological Association 417
Treatment of Cancerous Cough 371
Treatment of Diabetes Melitus 375
Treatment of Whooping Cough 410
Tuberculosis 260 411
Typhoid Fever 303
Typhoid Fever.—Some Facts About Diagnosis and Treatment 387
Virgin Lactation of 259
Why I use Pepto-Mangan 256
Yellow Fever at Natchez 43)

INDEX VOL. V.

A Case of Fracture of the Neck of Femur 76
A Form of Faucial Inflammation Resembling Diphtheria 42
A Future for Popular Music 322
A Letter to the Medical Profession of Mississippi 41
A Plea for a More Rational Prognosis in Cardiac Affections 43
A Resume of Recent Advances in Rectal Surgery 69
A Surgeon's Sewing Machine 231
A Surgical Disappointment 36
A Text Book of Practical Obstetrics 92
A Unique Gynecological Case 5
Abortion as a Disease of Pregnancy and as a Crime 379
Accidental Impregnation 149
Acute Edema of the Epiglottis 421
Acute Prostatitis with Vesical Tenesmus 122
Advertising in the Profession 160
Aetiology of Whooping Cough 233
After Treatment of Summer Diarrhoea of Children 320
Alleged Breach of Contract 316
Anthrax, Report of A Case 274
Application of Water in Chronic Diseases 322
Association Meeting 190 225
Axis Fraction Forceps 395
Bronchitis, Treatment of 398
Calorimetry vs. Thermometry 417
Cancer,—Its Nature and Treatment 402
Cerebral and Meningeal Manifestations of Malaria 103
Cesarean Section 396
Changes in Facial Bones due to Adenoids 317
Christian Science 282
Clinical Lecture 77 186 351
Correspondence,—Special 109 188
Criminal Abortion 270
Dangers from Milk 276
Diphtheria Antitoxin 48
Diphtheria, Antitoxin in by Mouth 120
Diphtheria, Recent Observations on 112
East Mississippi Insane Asylum and its Superintendent 91
Eclampsia without Albuminuria 48
Edema of the Lower Extremities—Chronic Malaria 312
Ergot in Obstetrics 265
Exclusive Soup Diet in Rectal Irrigation in Typhoid Fever 428
Experimental Yellow Fever 319
Experiments with Disinfectants 273
Extraordinary Fecundity 230
Fistula in Ano 116
Florida Physicians Bold Move 272
Fourth of July Tetanus 240
Gastro-Intestinal Infection of Children 217

Gonorrhea and Marriage 18
Gonorrhreal Coxites 271
Gude's Pepto-Mangan, A Clinical Report on 408
Habitual Constipation 232
Health and Water Supply 88
Higher Medical Education and its Results 157
Home Bathing in Typhoid Fever 198
Household Pets, Danger in 277
How Frozen Meat Deteriorates 15
How to Treat Muscular and Joint Sprains of Railway Employees 234
How to Vaccinate 50
Ichthyal in the Treatment of Deep-Seated Inflammations 119
In Favor of Vaccination 154
Incompatibilities of Heroin and Heroin Hydrochloride 27
Infant Feeding 320
Influenza and the Nervous System 15
Injection of Normal Salt Solution in Pneumonia 11
International Clinics 93
International Reciprocity in Teaching 152
Intraspinal Cocainization 49
Laryngo-Tracheotomy for Foreign Body 74
Leprosy in the United States 242
Malaria and Mosquito 243
Malaria, Cerebral and Meningeal Manifestations of 103
Marion-Sims College of Medicine and Beaumont Hospital Medical College,
 Consolidation of 26
Marriage Legislation 163
Maternal Impressions 359
Maternal Obligations Degeneration of 177
Meeting of the State Board of Health 127
Mental Sanitation 49
Methyline Blue in the Treatment of Malaria 121
Mississippi Not Polluted 234
Mississippi State Medical Association, Committees 226
Mississippi State Medical Association Meeting of 176
More About Intra-Rachidian Anesthesia 10
Mosquito Pest 241
Nervous Exhaustion Due to West Point Training 273
New Methods of Charity with Better Results 151
Observation on the Treatment of Croupous Pneumonia 427
Occipito Posterior Position Correction of 895
Osteopaths 17
Our Exchange Column 403
Pathology of Puerperal Sepsis 84
Physical Diagnosis in Obstetrics 94
Physicians and Veterinary Practice 317
Physicians Manual of Therapeutics 94
Placenta Praevia, Treatment of 894
Plague Situation in San Francisco 462
Position of Woman During Delivery 392
Post-Partum Hemorrhage, The Prevention and Treatment of 114

Practical Obstetrics, Some Remarks on 891
Preliminary Education for Medical Students 54
Prize Award 368
Prize Essay 279
Public Health the Plaything of Politics 829
Puerperal Eclampsia, Report of Cases 256
Puerperal Eclampsia, Treatment of 397
Puerperal Infection, Treatment of 397
Quarantine Officials in San Francisco 59
Quinine Hypodermically,—It Indication and Technique 223
Reciprocity in Medical Practice 123
Removal of the Female Urinary Bladder for Malignant Diseases 323
Renal Functions and Life Insurance 359
Role of Infections in Women 153
Routine Douching in Obstetrics 195
Selections 249
Senile Hypertrophy of the Prostate Gland 274
Sexual Intemperance 328
"Short Gun" Medication 280
Small Pox 61
Small Pox in Mississippi 34
Some Features Relating to Prostatic Enlargement 229
Some Interesting Items 146
Some New Adenoid Pathology 825
Some Surgical Cases 137
Some Statements Concerning Calomel 14
Spinal Cocaine Analgesia 80
Strangulated Hernia 293
Substitution 366
Symptomatic Treatment of Tuberculosis 44
Syphilis as a Non-Venereal Disease 255
Take Hospitals out of Politics 20
Tetanus Following Clean Wounds 115
That Criticism 430
The Age of First Menstruation in the U. S. 230
The Defeat of the Osteopathy Bill 63
The Destruction of Mosquitoes 363
The Etiology of Yellow Fever 85
The Examination of Public Water Supplies 56
The Gonorrhœic and Marriage 201
The Cause of Small Pox 117
The Gulf Coast Medical and Surgical Society 225
The Hospitals of Japan 208
The Injéction of Carboic Acid in the Treatment of Hemorroids 426
The Jury License and Medical Practice acts 231
The Midwife 106
The Mississippi State Charity Hospital 365
The Mississippi State Medical Association 51 85 22
The Mosquito an Insignificant Factor in the Propagation of Yellow Fever 354
The New State Journal of Medicine 79
The Pathology of Adnoids in the Adult 143

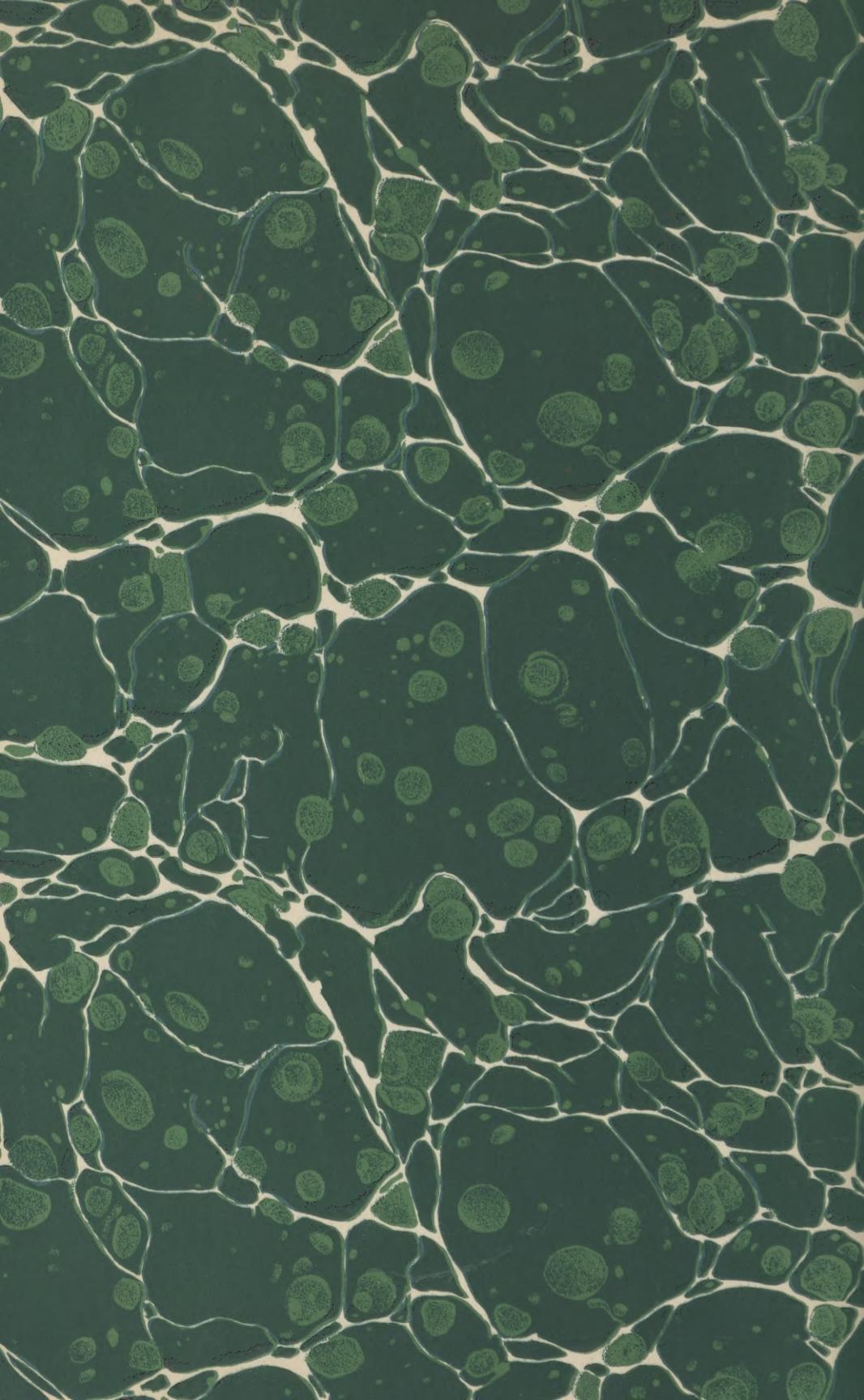
The Philadelphia Medical Journal 60
The Physiological Study of Backward Children 276
The Pneumonias of Influenza 82
The Prevention and Treatment of Post-Partum Hemorrhage 114
The Propagation of Yellow Fever 354
The Relation of Infantile Scurvy to Diet 58
The State Charity Hospital 403
The Surgical Treatment of Puerperal Sepsis 46
The Tribulations of the Faith Curists 287
Therapeutic Value of X-Ray in Lupus Vulgaris 428
The X-Ray for Locating Nail in Bronchial Tube Removal of 78
Therapeutic Nihilism 197
Three Important Facts 90
Thrush 353
To the Memory of Dr. Trimble 164
Transmission of Infectious Diseases 155
Treatment of Acute Pharyngitis 8
Treatment of Erysipelas 121
Treatment of Furuncles 122
Treatment of Typhoid 16
Tuberculosis of the Body of the Testicle 388
Typhoid Fever, Abstracts and Extracts from Interesting Articles on 423
Typhoid Fever in Military Camps 22
Typhoid Fever, Treatment of 258
Typhoid Fever without Lesions of the Intestines 321
Ulcers of the Leg 181
Vaccinia—A general discussion 1
Venereal diseases 343
Venesection in Pneumonia Followed by Injection of Normal Salt Solution 11
Vomiting in Pregnancy 122
What Was it? 224
When is Gonorrhea Cured 152
Whooping Cough, Treatment of 267
Women Should be Taught Danger Signals of Pregnancy 37
Worthy and Seasonable 25
Yellow Fever Serum 360
Yellow Fever Transmission 295

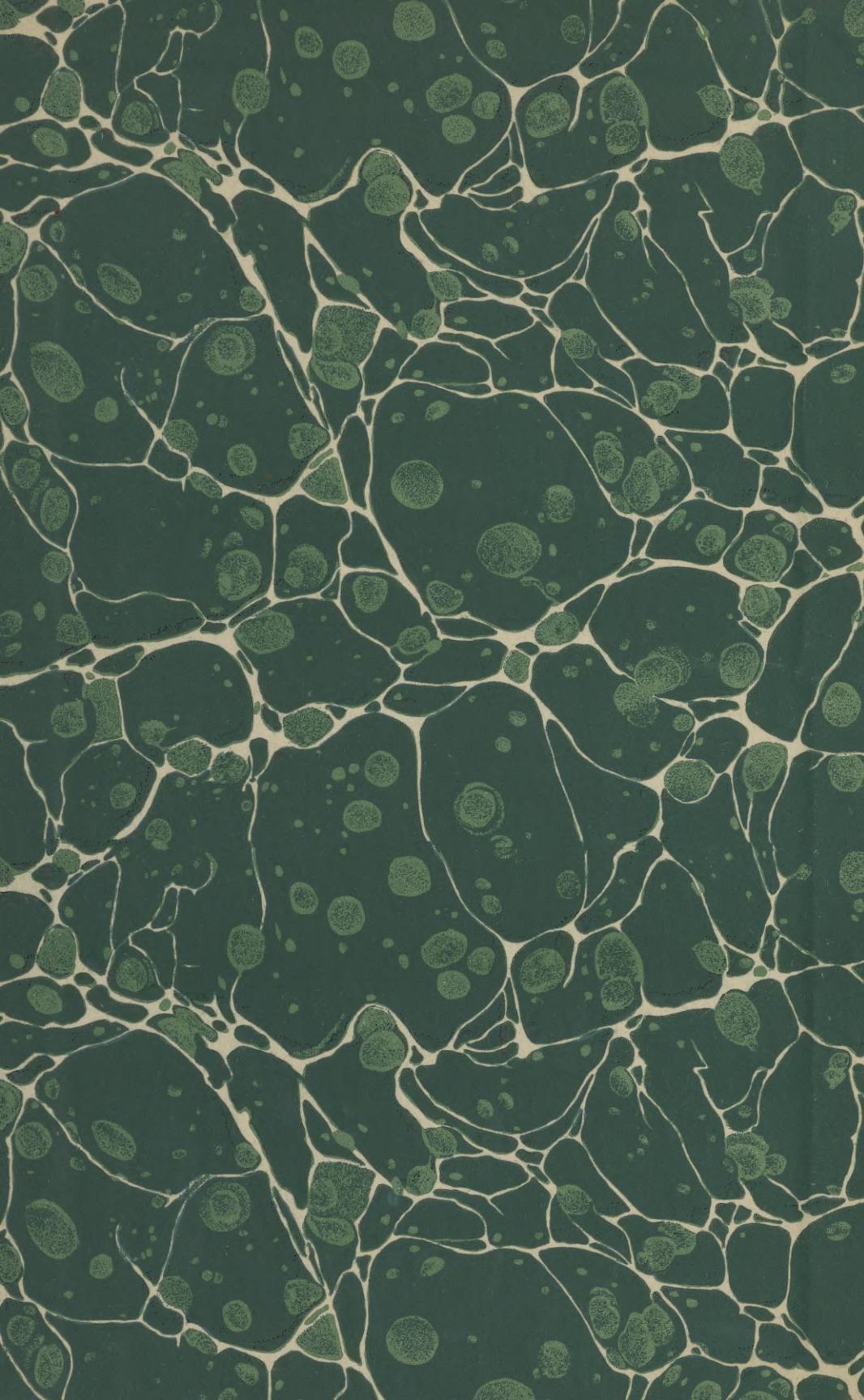
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